

MARKET RESEARCH REPORT FOR:

PRESCRIPTION DRUG ABUSE AWARENESS PROGRAM
OFFICE OF THE ATTORNEY GENERAL
MONTANA DEPARTMENT OF JUSTICE



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EXECUTIVE SUMMARY

Flying Horse Communication (FHC) was tasked by the Montana Board of Crime Control to conduct market research to better understand the problem of illegal prescription drug use in Montana. Research was designed to develop a baseline of public awareness of the problem. Research also probed the perceived size and scope of the problem (that is, who was impacted and the magnitude of the impact), willingness to take action to address the problem, attitudes towards a Prescription Drug Monitoring Program, and reaction to messages designed to raise awareness and concern about the problem and to prompt action.

It was hoped that the research would be useful in developing a strategic communication plan that would employ tools such as public relations and advertising to help remedy the problem.

Market research was conducted in three phases. Phase I consisted of qualitative research. In Phase I we (FHC) conducted two focus groups and 20 in-depth one-on-one interviews. In Phase II, we developed a quantitative study to gain statistically valid confirmation of the information and insights developed in Phase I. In Phase III, we used a focus group and one-on-one interviews to test the information derived during the quantitative study—particularly the data related to messaging—to be sure we were on a firm footing. Results for each of these phases are available in this report.

Awareness

An important pattern emerged in the first two focus groups that may be emblematic of awareness of prescription drug abuse in Montana. When asked about prescription drug abuse, participants agreed it was a problem but were uncertain of the severity, especially in comparison to other societal problems such as alcohol abuse or street drug abuse. With few exceptions they felt the problem was hard to define because it is hidden, while street drug and alcohol abusers are easier to identify. Initially, participants seemed somewhat vague and detached about the problem. As discussion went on, however, participants in both groups revealed that about half of them knew someone who had a serious problem with prescription drug abuse, including addiction and incarceration.

Although the number is lower, our quantitative study confirmed this finding, with 33% of the respondents reporting that they knew someone personally who had problems with nonmedical use of prescription drugs. About a quarter of the people who had the problem (24%) were immediate family members or a relative while almost half (49%) were a friend or colleague.

Despite these personal experiences, our quantitative study shows that respondents do not perceive prescription drug abuse as the most important problem they face. When asked which commonly abused substances causes the most problems in their community, 65% reported alcohol and 21% reported meth but only 4% reported prescription drugs.

In our focus groups, the more the participants discussed prescription drug abuse, and the more they were acquainted with facts about problem, particularly the consequences, the more likely they were to recognize the dangers and be willing to take appropriate action. The quantitative study confirmed this observation.

It appears from both the qualitative and quantitative research that awareness and concern about prescription drug abuse in Montana is somewhat latent. Although people are aware that prescription drugs are abused, understand the dangers of abuse, and often have personal experience with the issue, other problems, including alcohol and methamphetamine abuse, have higher top-of-mind awareness.

While this may be one factor that allows for the growing scope of the problem, the underlying awareness suggests that a communication campaign to heighten and mobilize awareness and prompt action, if done correctly, would be successful. In fact, in our in-depth interviews, teens and college students seemed to equate the existence and intensity of an advertising campaign about a problem such as prescription drug abuse as a sign of significant danger. "I don't see much (advertising) for prescriptions," said one, "but I do see a lot for alcohol and meth."

Prescription Drug Monitoring Program

Passing a Prescription Drug Monitoring Program (PDMP) through the Montana legislature is an important step in combating the problem of prescription drug abuse in the state, making it a pressing goal for the Department of Justice. A significant portion of our research was focused on better understanding the potential issues that would lead to acceptance or rejection of this issue by the public and thereby be a factor in the legislature.

While our quantitative research showed a high level of support (85%) for the PDMP, both the quantitative and qualitative research showed underlying concerns about the program. In the quantitative study, almost 28% reported that they would be concerned about privacy of personal information, and in the qualitative research, privacy was one of a number of concerns that emerged.

Privacy is one of a cluster of concerns that must be addressed proactively as a part of any communication campaign that supports a legislative effort to pass a PDMP for Montana. Concerns that we identified are:

- **The expansion of government and concerns over personal privacy.** People should be informed as to the types of information that will be collected by this program, as well as how the information *will* and *will not* be used. Montanans tend to be cautious of "big government" and this program has potential to be perceived in that manner if precautions are not taken to address these concerns.
- **The fiscal responsibility of the program.** Information regarding the fiscal expense of the PDMP program should be readily available, and benefits should be explained and shown to outweigh the costs.
- **The specific details of the program.** People must have access to and be able to understand the language of the program.

Communication designed to pass a PDMP through legislature should be staged, with the initial advertising and public relations designed to create high top-of-mind awareness about the issue of prescription drug abuse. Messaging in support of a PDMP would be the second step. In short: awareness, then action.

Messaging

An important goal of this research was to find out what types of messages would resonate with the public and to better understand what messaging strategies would be effective in raising awareness and persuading people to take preventative actions such as talking to their kids or locking up their drugs. During this research project, a variety of messages were tested in both qualitative and quantitative research. The messages covered a wide range of topics including physical dangers of abuse, potential for addiction, scope of the problem, teen abuse, and costs to society. Results from both the qualitative and quantitative research indicated across the board that the following two messages were perceived as being highly believable and highly effective in preventing abuse of prescription drugs:

- In 2008, there were 13 deaths related to meth, 14 deaths related to homicide, and 321 deaths related to prescription drug abuse in Montana.
- In 2008, there were 227 deaths related to traffic accidents and 321 deaths related to prescription drug abuse in Montana.

These messages are concrete and compare the severity of prescription drug abuse—and the consequences—with other high awareness problems. What makes these messages so strong is the lack of ambiguity, that is, the concrete nature of the content. The wording, “related to prescription drug abuse,” generally is perceived as a relatively concrete relationship between the death and prescription drugs. The more concrete the wording is, the stronger the impact of the statement, for example to say “*deaths **caused by** prescription drugs*” is stronger than “*deaths **related to** prescription drugs*” which in turn is stronger than “*deaths **where prescription drugs were found in the body.***” The more ambiguous the terminology becomes, the more people’s attention trends towards trying figuring out what the statistic means and thinking about the validity of the data (or lack thereof) rather than focusing on the intended impact of the statement.

Our research does not suggest that the two messages listed above are the only two that could or should be used in a communication campaign. We tested five messages and these were the strongest. What our research does suggest, as mentioned above, is that the more concrete the messages, the more likely they are to achieve the desired changes in awareness and willingness to act.

Developing a Communication Strategy

The insights found in this study should provide ample information to develop and implement a strategic communication plan to counter prescription drug abuse that includes stakeholder communication, public relations, and advertising. Such a plan should have adequate resources to insure success. In developing a plan, it will be important to have a solid underlying strategy to use as a foundation in determining and matching key messages with key target markets. While a full communication strategy is outside of the scope of this research project, Exhibit 1 shows what the basic framework of a strategic communication campaign might look like, depending on a variety of variables including the goals of the campaign.

Exhibit 1: Suggested Communication Strategy

<p>Raise Awareness</p> <p>Target Market: General Adult Population</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Scope of the problem• Intensity of the problem <p>Time Frame: 0 – 6 months</p>	<p>Pass PDMP</p> <p>TM: General Voting Population</p> <p>Key Messages:</p> <ul style="list-style-type: none">• Reasoning and need• Defend “weak points” <p>Time Frame: 7 – 12 months</p>	<p>Take Action</p> <p>TM: TBD</p> <p>Key Messages</p> <ul style="list-style-type: none">• Talk to your kids• Lock your prescriptions• Talk to your doctor <p>Time Frame: 13 – 18 months</p>
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IN-DEPTH INTERVIEWS: METHODOLOGY AND KEY FINDINGS

METHODOLOGY

Approximately 20 in-depth interviews were conducted over a three-week period in September to gather basic information about prescription drug abuse from which a focus group guide and a quantitative research survey could be developed.

Participants were selected from all across the state, and were separated into the following four groups:

- General population adults with teenage children
- People employed in the healthcare industry (nurses, doctors and pharmacists)
- Teenagers and college students
- Experts (people with a high level of knowledge on the topic of prescription drugs)

The interviews lasted between 15 and 30 minutes and were done over the telephone. For the interview guides, please see Appendixes A – C. Participants were assured that their statements would be reported anonymously to avoid any concerns over privacy of information.

KEY FINDINGS

General Findings

- Respondents generally categorized abusers in to three different groups:
 - Intentional abusers who use Rx drugs to get “high” and never had a legitimate use for the drugs
 - “Accidental Addiction” group—people who were using pain relievers for a legitimate ailment, didn’t realize the risk of addiction, became addicted, and are now dependent
 - People who had a legitimate prescription for a real ailment, but realized they liked the effects of the drugs so much that they continue using long after they no longer need them. Either using for a “high” or to maintain an addiction.

The first category is thought to be primarily younger users. The second category is seen as primarily older users. The second and last groups are also seen as intertwined in some ways.

- It is commonly thought that prescription drug abuse cuts across all ages, genders, and socio-economic demographics.
- Most respondents in this group support a Prescription Drug Monitoring Program in Montana. The concern over infringement on personal privacy is a small but legitimate concern.

- People in the general population group think that any educational campaign or messaging geared towards the public should focus on the following:
 - Making people aware of the dangers of RX drugs (i.e.: cardiac problems, overdoses, death)
 - Making people aware of the highly addictive nature of the drugs
 - Educating the younger youth group (grades 4 – 7) about prescription drugs (educate younger group because they are more impressionable and less likely to have experiences with the drugs already)
- People in the general population group do understand that prescription drugs are dangerous. Respondents did not think prescription drugs are more dangerous than “hard street drugs” like meth, cocaine, or heroin, but many think they are as dangerous. They do think prescription drugs are more dangerous than alcohol or marijuana. Marijuana is generally deemed relatively non-dangerous.

Healthcare / Expert Findings

- There is a general opinion among those in the medical field that their job is not to police drug abuse, but they do realize that there is a problem.
- Generally there is a utilitarian approach among people in the healthcare professions. They would rather prescribe a small amount of drugs to someone who is potentially an abuser than risk denying a prescription to someone who is in legitimate need of pain management.
- Those in the healthcare group reported having never received any kind of training or education about prescription drug abuse (how to identify drug seeking behavior, etc.).
- Drug abuse happens in “epidemics,” and prescription drug abuse is the most recent epidemic.
- Prescription drug abuse is far more prevalent than methamphetamine abuse, except for on Native American reservations, where meth is still the primary problem.
- Professionals dealing with drug abuse would like to see more effort and resources go into getting a Prescription Drug Monitoring Program passed before resources are put into educating the public about prescription drug abuse, as they feel that a PDMP will be more effective dollar for dollar.

IN-DEPTH INTERVIEWS: SPECIFIC FINDINGS

GENERAL PUBLIC

Awareness of the Problem

Interviewees in the general public group generally felt that prescription drug abuse does cause some problems in our society, but most stated that they were unsure of the size or scope of the problem. Many stated that they did not have enough information about the subject to really know. The bulleted comments throughout this analysis are verbatim from the interviews.

- I think it (abuse) is a problem, but it's not huge.
- I do (think there is a problem), but I have never really thought about how big the problem is.
- I am sort of unsure; I'm not familiar with the topic. I don't feel equipped to answer.
- I think it is a problem based upon some media coverage I have seen.

In comparison to other drug related problems in our society, this group was split in their opinions. Some thought it was a bigger problem than alcohol or drunk driving related problems, while others felt they were equal problems. However, most people in this group felt that prescription drug abuse probably compared relatively equally to problems like meth, cocaine or other street drugs.

- Not near as big a problem as alcohol.
- Drunk driving is a much bigger problem in our culture.
- They are both problems, but I am more worried about drunk driving.
- I would say about the same size (problem) as alcohol. Prescription drugs are fairly easy to get.
- Hard drugs are a problem, but there is probably a lot of crossover between everything (alcohol, hard drugs, and prescriptions).

Who Is Abusing?

This group had many ideas about who would abuse prescription drugs, including adults, teenagers, people in the medical profession, elderly people with accidental addictions, and anyone with a stressful job. This wide array of ideas promotes the concept that prescription drug abuse can happen to anyone, no matter what social group they belong to.

- Based upon what I have seen and read, its high school and college aged kids.
- I think there is a younger culture that take parents drugs, but also older people who just realized they like having these drugs around.
- Probably middle aged people who started taking them (prescriptions) for a medical condition. Teenagers probably use them as well.
- Probably people with higher stress levels who already drink away the stress, why not take prescriptions. But really it could be anyone, any income level, anywhere.
- I see people in the medical profession as a prime target, but adults in general too.

How Does Abuse Start?

Among these respondents, 3 main perceived types of abuse emerged around this question. The first perception is abusers, particularly teenagers and younger populations, who are taking the drugs recreationally to get “high.” The second is abusers, typically adults, who have had a legitimate prescription and liked the effects of the drugs and kept using them. The last is users, particularly the elderly, who have received prescriptions and have gotten accidentally hooked or addicted, without any intention of recreational use.

- There are definitely legitimate prescriptions, but also young adults who see it as another way to get high.
- With kids it’s probably peer pressure, but with adults it probably starts with pain prescriptions or sleeping pills and they get addicted to a legitimate prescription.
- There are two tiers, some start from injuries or disabilities and others are really honest accidental addictions.
- I would imagine that it is prescribed and they get hooked, it’s an accidental addiction.

Personal Experience

A little more than half of the people in this group knew someone personally who had problems with prescription abuse. For some, it was a close relative. For others it was just someone they knew or a person in their community. Just about everyone knew of someone in the public eye with a problem. Michael Jackson and Rush Limbaugh were commonly mentioned.

- My brother quit taking his anti-depressants because he felt like he may have been addicted.
- I knew a young person who had a ski accident and he had problems, but he had addiction tendencies to begin with.
- You hear a lot about athletes and actors’ Michael Jackson had a long time addiction, John Candy too.
- You hear about it all the time; famous people going to rehab, Heath Ledger’s overdose.

Comparative Danger

This group typically felt that prescription drugs were quite dangerous. In comparison to alcohol, most people thought that prescription drugs were equally if not more dangerous, with much higher potential for addiction. In comparison to street drugs such as heroin or meth, this group was split with some thinking that prescriptions are equally as dangerous and others thinking that street drugs are more dangerous; particularly meth due to the elevated media coverage.

- In the long haul, prescriptions can be more dangerous than alcohol, but meth is more dangerous based upon the media coverage I have seen.
- They are probably about as addictive as alcohol; anything addictive is dangerous. Meth is more dangerous because the destructive power is so quick.
- Alcohol has huge impacts and can be dangerous, but it’s going to be less addictive than prescriptions.
- I would say way more dangerous than alcohol and more on the level of the hard drugs.
- Part of me thinks that they are really dangerous but part of me thinks they can’t be that bad because they are prescribed.

Ease of Access

There was a consensus among this group that prescription drugs are relatively easy to get for both teens and adults. This group thought that most adults could get these drugs easily through legitimate prescription sources, and a few stated concerns that doctors are too liberal with prescriptions. Just about everyone mentioned that kids could probably gain relatively easy access to prescriptions by taking them from medicine cabinets.

- Kids could just help themselves to the medicine cabinet, especially pain killers.
- They must be easy to get (for teens), because just about every household has prescription drugs sitting in the medicine cabinet.
- Adults can just go to a doctor and the doctors will keep prescribing pain medicine as long as the patient is complaining about pain.
- Probably pretty easy for adults, but you would hope doctors aren't too forthcoming with prescriptions.

Talking to Kids about the Dangers

While everyone in this group reported having a conversation with their kids about various drugs and alcohol, nobody reported having specifically discussed prescription drugs with the exception of one person whose son had a prescription for painkillers. Parents commonly discussed alcohol, marijuana, and even meth with their kids, but prescription drugs were not part of their talk.

- I have had general conversations, but never specifically about prescription drugs.
- I talk specifically about pot because it's so popular; meth is also big; never about prescription drugs though.
- I talked specifically about prescriptions with my youngest son because he had gotten (a prescription for) pain pills and realized that they were addictive and dangerous.

Presence of Prescriptions

While everybody reported having prescriptions in the house, whether for current or old conditions, only one person reported taking any precautions to keep the drugs away from kids. Most commonly, people stated that they had a few pills remaining from old prescriptions; however a few people who cared for sick relatives had current prescriptions. Most people stated that the drugs were just kept in some type of cabinet or cupboard.

- We have our parent's prescriptions in the medicine cabinet, but I don't feel the need to lock them away from the kids.
- We have old muscle relaxers still in our cabinet; we wouldn't lock them or anything though.
- We have my parents' drugs in the medicine cabinet, but I don't feel the need to keep them away from the kids.

Government Involvement

All of the interviewees stated that they felt the state government could do more towards educating people about the dangers of prescription drug abuse, be it through some type of public messaging or education in the schools. Most people stated that some type of public service announcement to raise awareness would be beneficial. Some people stated that a program to educate kids about the dangers would also be helpful. Many people referenced the Montana Meth program and felt that it had been effective in raising awareness for the problem.

- Educate the public and talk about the dangers that the doctors don't tell you.
- I think PSA's would help a lot. The Meth Program seems to have curbed meth use in Montana.
- Some public education should be out there. Make parents aware that there is a problem; keep track of your meds and get rid of what you don't need.
- If anything were done, I would think to approach it through the schools and target the kids.

Prescription Drug Monitoring Program (PDMP)

Although no one in this group had heard of PDMPs, everyone was supportive of the idea after hearing about the basic benefits. While most were supportive with few concerns, a few people expressed concerns related to privacy and ease of access to important prescriptions.

- It sounds interesting but I could understand why people would be concerned about privacy and government regulation.
- It depends. We take care of my parents and if it is another hurdle in getting them the legitimate prescriptions they need, I wouldn't support it if it made my life harder.

Message Testing

Most people were generally quite shocked by the statistics presented to them; however, some of the statistics about teen abuse were less surprising than the other statistics.

- From what I have heard from kids, that doesn't surprise me (referring to 1 in 5 teenagers statistic).
- That seems high but I am a realist and I understand kids are experimenting (referring to 1 in 5 teenagers statistic).

Messaging

The majority of people in this group felt that people in the state needed to know more about prescription drug abuse. A common theme was that the facts presented earlier would be good messages to tell people to raise the level of concern about prescription drug abuse. Also, people felt that it would be important to tell people about the addictive nature of prescription drugs, as well as getting adults to cut off the supply. The major targets for communication would be teens (education about the dangers) and parents (education about how to prevent teens from having problems).

- Teens and parents are the most important people to talk to. The parents need to be aware of what the kids could be taking, and the teens need to be aware of the dangers.
- Based upon those facts, we need to talk to the teens, but I think it (education) needs to get out there in more ways and to everyone.
- I would really want people to know how dangerous these drugs are because I am not sure people understand that.

IN-DEPTH INTERVIEWS: SPECIFIC FINDINGS

HEALTHCARE WORKERS

Awareness of the Problem

People in the healthcare industry have a high degree of awareness when it comes to the problem of prescription drug abuse. Verbatim comments about the scope of the problem included:

- It's a huge problem. There are so many people who come in (to the hospital/clinic) and just want drugs. They come in with a problem and it's impossible to keep their pain under control because they are already on such high doses that we cannot treat them with a safe dosage.
- It's a big and growing problem. I see it every day. People come in with legitimate scripts but they are from multiple doctors.
- In my estimation it is probably the largest drug of choice for abuse.
- It has surprised me in the past, but we definitely have to be aware of it—even with people in our organization. I have seen 5 people let go from the nursing homes in the past 12 years for diversion. In the pharmacy, I see a lot of drug seekers.

Comparison to Other Substances

In comparison to other commonly abused substances the healthcare workers see prescription drug abuse as equally or more dangerous. In comparison to problems with alcohol and DUIs, marijuana and street drugs such as meth, cocaine, speed, and heroin, people in the healthcare industry said the following:

- I think they are equally if not more dangerous than alcohol. My mother was in a car accident from driving under the influence of pain killers. It can be similar to DUIs.
- It probably costs society more than alcohol problems.
- Alcohol is probably worse, but just because of the high prevalence and availability of alcohol.
- It's a way bigger problem than marijuana. Marijuana has a calming effect but on prescription drugs people are totally wasted—falling asleep, depressed breathing, overdoses—you can die!
- Similarly dangerous to street drugs but much easier to access and deemed safer because they come from a doctor in set dosages.
- It's a bigger problem than meth. People who are using these street drugs are often using prescriptions as well or selling them to get street drugs. They'll take what they can get.
- I am really surprised with the abuse of Vicodin. I would think they would go for stronger narcotics.
- If used properly they are not as dangerous but when used recreationally they are more dangerous. People aren't aware of the dangers.

Perceived Users

The healthcare group had a variety of perceptions about who is using prescription drugs and how they get involved, but all felt that the problem is non-discriminating, affecting rich and poor, young and old, male and female, and all ethnicities and social classes.

- I think it goes across all categories, affluent to non affluent. It's surprising—not the typical drug users.
- The most at risk group could be the poor and younger aged people who may have an interest in selling it for additional income.
- Oxycodone is typically worth \$1/mg and a Percocet prescription could be worth \$100 bucks on the street.
- The motivation is usually addiction to opiates. This could be an accidental addiction, but generally people are using incorrectly to start with. The average person with a legitimate prescription who uses as directed won't get addicted.
- Some of it starts with injuries that aren't monitored closely enough. It starts out legitimate but people enjoy the drugs or feel like they need them.
- With the younger population it is an alternative to alcohol. Kids are curious about getting high and have heard that you can with pain killers. They can easily get it from medicine cabinets.
- It's mostly people with chronic pain problems but also kids getting it from medicine cabinets.
- Doctors and pharmacists—there is a huge problem there.
- There are 3 very different groups. People with chronic pain who need drugs to manage it, people who did have pain but got better and still use because they like it, and people who never had pain and just use the drugs to get high.
- I think it can be a lot cheaper than other drugs and easier to get.

Personal Experience

Most people in the healthcare industry know and have had personal experiences with people who have addictions. Most of them see patients or customers who have addictions, and some see other professionals in the industry with addictions.

- I know numerous customers who wound up getting hooked.
- You can tell someone who is a regular user. It's not always easy, but you see increasing requests and other problems.
- I do know a few people who are having problems and its specifically co workers and staff.

Access to Prescription Drugs

As far as access to prescription drugs, the healthcare workers stated that “frequent flyers” and “doctor shoppers” are quite common. They also agreed that kids could quite easily access the medications in medicine cabinets or from friends at school. As far as those in control of writing prescriptions, there is a utilitarian approach. They would rather write a prescription for a few people who may not need it and may be abusing than deny a prescription to someone who is in real need of pain management.

- From a pharmacy standpoint you see the frequent flyers going back to the same ER time after time with different problems. If they get cut off they just go somewhere else.
- Some docs may be too liberal with prescriptions. In our practice, we know who those docs are.
- Kids could easily get the drugs from medicine cabinets.
- I have the suspicion that patients are lying to me about their need for prescriptions a lot, but I err on the side of helping people in need. If I have doubts, I will write a smaller prescription.
- ERs probably have higher rates of doctor shopping than family doctors or specialists.
- People will turn around and sell what they don’t use.
- Most people don’t pay attention to how much medicine is in their medicine cabinet.
- If you want pain pills you can get them. You just have to jump through the right hoops and people who are addicted are prepared to do so.
- It makes my job difficult because I have to try and guess who is abusing but I am not a policeman. It can be uncomfortable.

Prevention

Most of the healthcare workers agree that there could be more done to try and track abuse of prescription drugs. Some mentioned that their organizations keep books of “frequent flyers.” Others mentioned that there are informal networks in place where one physician or pharmacist will call another to find out if the patient is being truthful about previous use of narcotics. Most of the interviewees stated that there was a dire need for a PDMP in Montana.

- I’ll get in contact with other physicians to find out what’s going on.
- The only way I can tell if someone is getting other drugs from other pharmacies is insurance, and most abusers are paying cash or not using insurance.
- Prescriptions should be charted. There could be task forces within individual hospitals.
- They should have pushed harder for the PDMP.
- There should be more networks. I would like to know that drugs are monitored.
- ER docs are strongly for the PDMP.

Training

No healthcare worker reported receiving any specific training to recognize drug abuse. Some thought it would be good to have training but others thought that it would be impossible and would interfere with healthcare workers’ ability to perform their work if they were constantly trying to monitor for drug abuse problems.

Public Messaging

Healthcare workers agreed that it would be beneficial to put some public messaging out about the problem. Their recommendations revolved around informing people of the dangers and also raising public awareness for the PDMP to get it passed through legislation. They felt that there should be messaging targeted towards younger people as well as adults.

- I would like to see a combination of public messaging and getting the PDMP passed.
- Tell parents to keep track of their meds.
- Let people know how potent these drugs really are.
- Narcotics are narcotics, whether it's heroin or Oxycontin.
- Tell people it destroys lives, families, and livelihood.
- Teenagers would be the more direct audience but also adults.
- I just wish people understood how dangerous these drugs are. I wish there was more awareness that this was happening.

IN-DEPTH INTERVIEWS: SPECIFIC FINDINGS

TEENAGERS AND COLLEGE-AGED YOUTH

Awareness of the Problem

Teens and young adults have a relatively high level of awareness of prescription drug abuse among their peers. The awareness is higher than that of the general public group. Teens and young adults are very aware of the use of prescription painkillers as well as Ritalin and Adderall. They consistently mention these drugs alongside traditional substances such as marijuana and alcohol as well as harder drugs like cocaine and ecstasy.

- Marijuana is clearly prominent. Prescription pills are definitely around, maybe as much as cocaine or mushrooms.
- Its mild pain killers, Ritalin, ADD drugs, pot, alcohol, maybe a little bit of cocaine in high school.
- In college ADD drugs are really prevalent.
- Alcohol is the biggest, pain killers come right after marijuana. I don't see any meth or cocaine.
- Kids (college age) are using marijuana, cocaine, prescription drugs, Vicodin, Oxy(Contin), Percocet, Ritalin, Adderall, Zanax.

Dangers of Prescription Drugs

This group was split on the dangers of prescription drugs, as is evidenced by the following statements.

- Meth and ecstasy are the worst for you. Painkillers, alcohol and marijuana are the least dangerous.
- Prescription pills aren't considered that dangerous. You don't think about overdosing on pain killers.
- Hard drugs like meth, cocaine, Oxy(Contin) and Percocet are highly addictive with overdoses dangers.
- Cocaine and OC's (OxyContin) are equally dangerous and addictive.

Problems in Your School

This group was also split on whether or not these drugs were causing problems at their schools, be it high school or college. This is likely due to different peer groups and or whether or not the person has ever had friends with problems.

- Here in Butte it's not a problem but in Bozeman I saw it a lot. It's really a different group of kids. Here it's small town kids and everyone is in engineering. In Bozeman it's kids from all over and it might be more prevalent among business or art students.
- Some kids probably had problems but it's not a major problem in our school. Less than 10% are using prescription drugs I would guess.
- Not a problem. It's just like every other drug.
- Definitely (a problem). I see the ease of getting it and people justify it because it's not heroin.

Perceived Users

When it comes to the who and why of prescription drugs, some interesting ideas came up among this group, but they were really all over the board. This could also be explained by different peer groups.

- It's probably a lot of kids in general studies or the kids that are hanging out but aren't in college.
- Athletes are the main users. They get prescriptions for injuries. Or kids just partying or maybe trying to catch up on work using Ritalin or ADD drugs to focus.
- It's all guys. A lot of kids who ski—they get hurt then share the drugs with their friends. It's not the athletes because they get drug tested. Our school got stricter about that this year.
- It could range from 15 – 80. It doesn't discriminate. It's the same as any other drug, it makes you feel good and people like to get high. For some it's cool, for others it's a release from life.

Reasons for Using

The reasons that kids would choose to use prescription drugs over illicit drugs commonly fall back to the fact that these substances are prescribed by doctors and are perceived as safer with less risk of getting in trouble.

- It's the idea that they are prescriptions; they can't be that bad for you. Its people on coke and meth in prison, not prescriptions.
- Kids think they are safer. You see meth ads but not prescription drug ads. It feels safer because it's from a doctor.
- It's not as illegal. Everyone knows meth and cocaine are really bad, but pain killers are legal.

How It Starts

The consensus of this group was that people start getting involved with prescription drugs through a legitimate prescription that would be shared with friends, or that you would get addicted to your prescription. Everyone thought that prescription drugs would be easy to get.

- People get prescribed the drug and like it and keep taking it. I think liking it and being addicted are just about the same thing.
- You get someone that has a prescription and doesn't want to use them alone so he shares it with his friends. Maybe people steal it from their parents or someone who had surgery.
- One kid spreads it to his friends. Maybe some people with hard times or family issues would take anti-depressants.

Personal Experience

Everyone said they were aware of people they knew personally that had problems with prescription drugs, whether it was occasional use of ADD medications or full blown OxyContin addictions.

Public Messaging

This group thought that it would be good to see more public messaging about the dangers of prescription drug abuse because they haven't seen any messaging like this. Many refer to the Meth Project as raising awareness about the dangers of that substance. No one claimed that their parents had ever specifically addressed prescription drugs in any conversations about using alcohol and drugs.

- You don't see anything (in advertising) right now about prescription drugs.
- With my parents it was just a general conversation about alcohol, nothing about prescription drugs.
- I don't see much (advertising) for prescriptions but I see a lot for alcohol and meth.

Education

Some young adults and teens had education about prescription drugs in school, but others had not. When they had, it was a short talk lumped in with other substances.

- We had classes about well known hard drugs but never prescriptions.
- There was a little bit about prescriptions in gym class when I was younger, but it seemed like they were just trying to fill the syllabus.
- They (schools) could do more (about prescriptions). It's all mainly focused on alcohol.

Message Testing / Facts

In message testing, young adults and teens were not surprised by the facts about teen use like "1 in 5 teens use prescription drugs," or "after marijuana, prescription drugs are the most common drug tried by teens." They were, however, shocked by the Montana statistics comparing the problem to meth, homicide and traffic accidents.

- That seems about right (referring to the 1 in 5 statistic).
- That (referring to the Montana numbers) makes me think it's a growing problem.
- That's surprising (referring to MT numbers). It's really high. Scary.

Target Markets and Messaging

This group thought that education about prescription drugs should focus on making kids aware that prescription drugs are dangerous and illegal. The group was split on the target for the education. Some thought younger kids should be educated to start the process early. Other thought education should focus on teenagers or college-aged young adults. Others even thought parents should be more educated about the problems.

IN-DEPTH INTERVIEWS: SPECIFIC FINDINGS

EXPERTS

Although we were only able to talk to one expert in these in-depth interviews, we were able to get some interesting information from a person who deals with prescription drug abuse on a day to day basis. This interview was much more loosely structured in order to let the expert drive much of the information exchange.

This expert works for the Rimrock Foundation, a drug and alcohol treatment and rehabilitation center, and provided quantitative treatment information showing the growing percentage of their patients dealing with prescription drug related problems. See Appendix D for this information.

Awareness & Scope of the Problem

In this expert's opinion, prescription drug abuse is the newest developing drug epidemic in the U.S. Prescription drug abuse is now bigger than meth in Montana, except for on Native American reservations.

While prescription abuse doesn't outdistance alcohol, it is climbing in popularity towards being a contender with alcohol abuse. Often-times prescription drug abuse is associated with alcohol abuse.

Perceptions & Dangers of Use

Unlike meth, where the typical user was 18 – 30, prescription abuse cuts across all populations. According to this expert's database, it covers a much broader age range and is creeping in to the teenage population.

When it comes to getting started with prescription drug abuse, there are three models. The first starts with a legitimate prescription that leads to an addiction, often times dealing with certain people who are overprescribed pain medicine by their doctors. The second model is a legitimate prescription that the users decide they enjoy and then abuse after they no longer need it. The last model is the recreational use version, in which people have no legitimate reason to take the medicine and strictly do so for the high.

Prescription drugs can be particularly dangerous because of the addiction and quick tolerance that is built up and causes people to take huge amounts of the medicine to achieve a high, resulting in overdose. The tragedy, in this person's opinion, is that many people think prescription drugs are safe because they come from a doctor. Also, prescription drugs are dangerous because they are easy to get. There is an increasing prescription-drug black market, which primarily comes from diverted prescriptions. Kids apparently have easy access based upon the increasing number of youth abusers, and they are likely to be taking them from their parents or buying them from other teens.

Education, Laws & Government, PDMP

This expert thought that there should be more education about prescription abuse built right in to the education that healthcare workers receive. She thought that the only time healthcare workers started to think twice about their prescription practices is “when the DEA comes sniffing around their license,” however this person generally had a perception that healthcare workers were the root of the problem and that overprescribing and irresponsible prescription practices were very common.

In this expert’s opinion, “another Montana Meth Program would not be the way to go.” She would like to see more resources put in to educating doctors and healthcare workers, as the source of the drugs. Her feelings were that the Meth Project demonized meth while making other drugs seem like a safe alternative, even though meth was already on the downturn and now she feels we have prescription abuse problems in place of meth.

As far as PDMPs, this expert thought that this program would be a strong tool in combating abuse. She noted that pharmacists are currently tracking prescriptions through informal networks and calling trees, and that those networks are helping them see the trends pretty clearly.

Recommendations

The most important message, in this person’s opinion, is to make people aware that certain substances are highly habit forming. People don’t understand that prescription drugs are addicting, and they also don’t fully understand the dangers of addiction, like increasing tolerances and resulting overdoses.

This expert would like to focus most of the energy of the DOJ on educating healthcare workers as the source of these drugs, however she also sees the need to educate the general population as to the dangers of prescription drug abuse. In her opinion, messaging should really target the 18-plus population, as a lot of messaging and effort is wasted on younger populations who will try drugs anyway. The key is to cut off the source by educating parents about locking medicine cabinets, as well as telling parents to discuss this issue with their kids.

FOCUS GROUPS

METHODOLOGY

Focus groups were conducted in both Billings and Bozeman to perform further qualitative testing after the interviews. The Bozeman group was conducted on the evening of the 30th of September. The Billings group was conducted on the evening of the 5th of November. For both groups, all participants were parents of teenage children as per our screening criteria. These criteria were chosen in order to get a better understanding of the general adult population with concerns about adult prescription drug abuse as well as teenage prescription drug abuse.

A final focus group was also conducted in Bozeman to confirm the findings from these focus groups and the quantitative study. See the “Follow-Up Quantitative Research” section in this report for more information on this last focus group.

SPECIFIC FINDINGS

The following specific findings are broken down by different topics that were brought up throughout the focus groups. For the focus group moderator’s guide, please see Appendix E.

Size of the Problem

Just about all the participants in both focus groups were aware that prescription drug abuse occurs, but most agreed that it is hard to define the scope of the problem because it is hidden in our society. It is also harder to see because of the legality of prescription drugs and the ambiguity surrounding use versus abuse. Also, participants discussed the fact that prescription drugs are more accessible and cheaper as they may be subsidized by insurance policies whereas illegal substances such as marijuana can be far more expensive.

Personal Knowledge

In both groups, over half of the participants reported knowing someone personally who has had problems with prescription drugs. In many cases, participants had close family members and friends with serious problems.

Who Abuses Prescription Drugs?

Participants had many ideas about potential abusers of prescription drugs, including the following:

- People with easy access such as those in the medical or pharmaceutical industries.
- People in their twenties to forties with stressful careers.
- Teenagers who may have easy access to the drugs in medicine cabinets, or from friends at school who may give away or sell these drugs. Many of the participants discussed having many prescriptions in their house when teen use was discussed.
- Elderly people who may inadvertently abuse prescriptions. The topic of accidental abuse or addiction was discussed, with one respondent telling a personal story about a grandmother who would forget which drugs she had taken and end up taking too many drugs or using dangerous combinations accidentally.

Recent News about Prescription Drugs

Most participants could not remember hearing any recent news about prescription drug abuse problems. One participant recalled an issue with a University of Montana student who admitted to robbing a series of pharmacies to steal prescription drugs. One participant in Billings recalled seeing a newspaper article but could not remember the specifics.

Comparison to Alcohol-Related Problems

Participants had difficulty comparing problems in our society associated with alcohol to prescription drug problems based upon the socially acceptable nature of alcohol. One topic that came up was the fact that the dangerous effects of alcohol such as liver damage and DUIs are well known and documented, whereas people do not know the dangers of prescription drug abuse and the side effects such as heart problems. Participants discussed the fact that problems stemming from alcohol abuse such as DUIs or domestic violence are far more prevalent in our society than problems associated with prescription drugs. Participants also discussed the fact that danger could be defined either as dangerous to one's self (i.e.: overdose) or dangerous to society in general (i.e.: costs to society) independently.

Comparison to Street Drugs

In both focus groups participants discussed the fact that there is far less education about the dangers of prescription drugs than there is about the dangers of street drugs such as heroin or cocaine. Participants also discussed the fact that street drugs are more dangerous because you do not know what you are getting and dosages are not tightly controlled. Also, street drugs can have many different effects, for example hallucinogens versus uppers versus downers, so it is hard to compare prescription drugs.

Rankings of Dangerous Substances

Participants were asked to force rank a list of dangerous and commonly abused substances on the Substance Ranking Exercise (see Appendix F). In Bozeman, participants generally agreed that meth, heroin, cocaine and Oxycontin are the most dangerous, while marijuana is the least dangerous. There was discrepancy about where alcohol falls on this scale, with some thinking it is the most dangerous and other thinking the least. In Billings, the most and least dangerous substances were very similar, with meth, heroin and Oxycontin at the top, marijuana at the bottom and similar uncertainty about alcohol. Exhibits 2a and 2b reflect the average (mean) rankings of the substances from Bozeman and Billings on a 13 point scale, with 13 being most dangerous and 1 being least dangerous.

Exhibit 2a. Substance Ranking Exercise Results: Bozeman

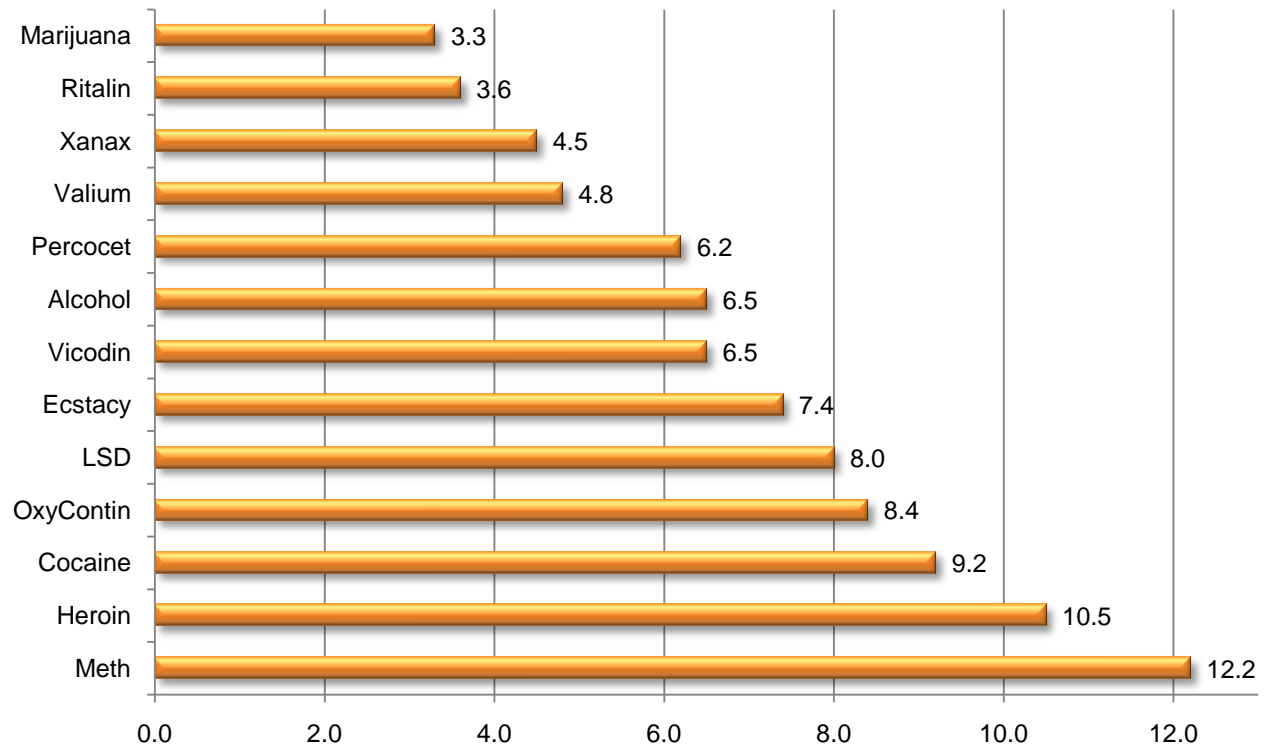
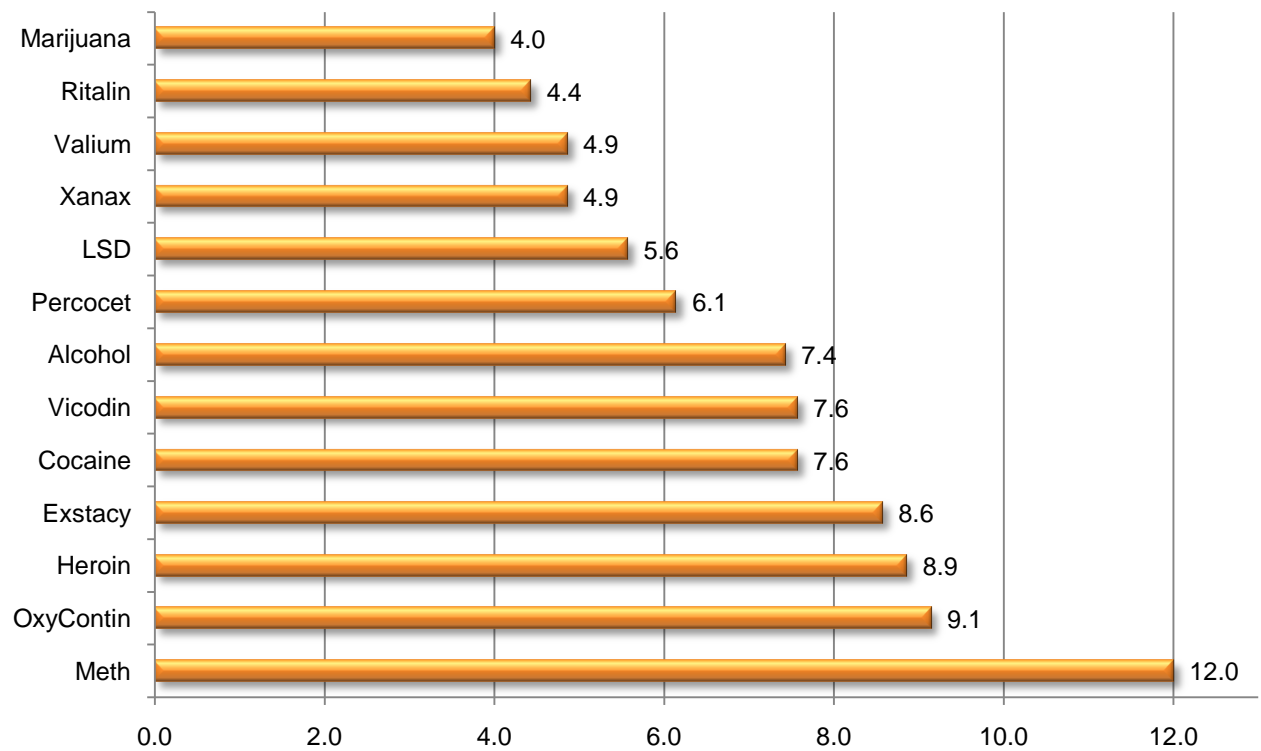


Exhibit 2b. Substance Ranking Exercise Results: Billings



Dangers of Prescription Drug Abuse

When asked specifically about the dangers of prescription drug abuse, participants discussed the fact that the dangers can be dependent upon which substance is abused, who is abusing it, and how much of the substance is taken. The topic of tolerance was discussed in the Bozeman group. Participants stated that people who abused prescription drugs may develop a tolerance leading to the need for dangerous amounts of the substance to maintain the same effects. This could be particularly dangerous if the person ever were to actually need the substance for pain control, since it wouldn't work as well and higher doses would be needed. It was discussed that this was especially true with narcotic drugs.

Concern about Children Being Exposed

Many participants in both focus groups indicated concerns about their children's exposure to prescription drugs. There was consensus that children would see parents taking prescription drugs for legitimate problems and think that these drugs are less dangerous than other illicit substances. Also, participants thought that children would potentially see prescriptions as "cooler" or "classier" than drugs like meth or heroin, therefore making them more acceptable. Another concern was the fact that prescription drugs are much easier to hide and more transportable than traditional drugs, in a physical sense and also in the sense of being able to hide the fact that they are under the influence of the substance. In Billings, participants discussed the fact that prescription drugs must be distributed by the school nurse and that kids can get in a lot of trouble for having prescription drugs in their possession, even if they have a prescription.

Concerns about Addiction

Most people in both groups had concerns about addiction and had personal stories to support these concerns. A common thread was the thought that people would accidentally become addicted after receiving a legitimate prescription, and that it could easily sneak up on you. One Bozeman participant discussed a muscle relaxant prescription he had received for back pain, and mentioned that he felt he could have easily gotten addicted to those drugs. Other participants talked about stories of relatives with problems, including a registered dietitian who was "self-medicating" and ended up with an addiction and a Christian radio host who had to go in to rehab for a problem with painkillers. In both groups, there was consensus that this could hit white-collar, educated people and that addicts would not be your typical street drug user.

Discussing the Dangers

In the Bozeman group, approximately half of the participants indicated that they had discussed prescription drug abuse with their children, but it was generally related to an incident with a family member or someone close to the family that forced parents to discuss the problem. In Billings, only a couple of people reported discussing prescription abuse with their kids, again related to specific incidents like the death of Michael Jackson. Most participants stated that they did not feel like they had enough information to discuss the topic of prescription drug abuse with their children.

Primary Messages You Would Tell People

Quite a few key messages emerged from the discussion of what participants would tell others about prescription drug abuse. The main messages were:

- If you think you have a problem, don't be embarrassed. Get help.
- It's as easy to become addicted to prescription drugs as it is street drugs.
- Explain the consequences to people, both personal and legal.
- You (parents) create the availability with your drugs at home.

Legal Consequences of Abuse

In both groups participants indicated that people are generally unsure about the consequences of abusing prescription drugs. There was discussion around the fact that people don't generally get caught for taking prescription drugs. If someone gets in trouble it is because they stole or forged a prescription or were otherwise getting the drugs illegally. Also, participants stated that you never hear about the consequences like you do with other substances such as street drugs.

Message Testing

Drug Dealer TV Commercial

Many participants in both groups indicated that they had seen this ad before. There was consensus that it was not very effective. Reasons for the ineffectiveness included the fact that it did not show any kids abusing the drugs as well as the fact that the ad was too humorous for such a serious topic. In both groups, the Montana Meth Project ads were brought up and discussed at this point. In Billings, people talked about the meth ads forcing parents to talk to their kids in order to understand them. Participants stated that this ad did not have the scare factor that the meth ads had. The consensus was that this would not change behavior in adults or kids.

All My Pills TV Commercial

This was another ad that many participants had seen before. Both groups agreed that it was powerful and somewhat effective when targeted towards parents, but those who had seen it admitted that they did not take any action afterwards. There was consensus that this would potentially make people stop and think, or even take inventory of their drugs, but it would not make people lock up their prescriptions. It would be good for raising awareness, but not getting people to take action.

Not In My House TV Commercial

Participants liked these ads and felt they were somewhat effective, but were concerned that they did not give a solution to the problem. People suggested that the ad should direct you to a website for information on how to take action. Some felt that the silence was effective, while others would have liked some dialogue. Some wanted to know what drugs the teens were taking, however others were concerned that these ads would be suggestive. There was concern that kids would see these ads and think, "I could go take drugs out of the medicine cabinet to get high." Participants also felt that the statistics were powerful.

Wisconsin DOJ TV Commercial

This was by far the favorite commercial of the Bozeman participants, but some Billings participants thought it would be too undermining to parents. Both groups did feel that it was holistic and showed the entire story of abuse, starting from the kid getting the idea, going through to the process of how he would get them, and even showing what the kid would potentially do with the drugs. Participants understood that this ad was aimed at adults and not teens. Participants did not think the fact that the ad was from the Attorney General's office made it any more effective; in fact most did not even recall the Attorney General at the end.

Lock It Up TV Commercial

This commercial was deemed as being too much, over the top, unrealistic, and too much like a doomsday scenario. One participant thought it would make people "roll their eyes and turn it off." It was also seen as being low budget, making it less effective.

Messaging for Adults with Kids

When asked to create a message about prescription drug abuse for adults with kids, participants had a variety of different ideas. The emphasis was on locking up or safeguarding prescriptions, but there was discussion around the fact that any message needs to be a combination of cutting off supply and educating teens. Specific messages mentioned include the following:

- Tell people about the consequences, both to your body and the legal consequences.
- Include prescription drugs in your drug & alcohol talk.
- Make people aware that they may be the source of availability. Refer to the parent as the pusher per the Wisconsin DOJ advertisement.
- Take it and dump it. Get rid of your old prescriptions.
- Tell parents that it is your responsibility to lock up your prescriptions in the same way you would lock up a gun cabinet or a liquor cabinet.
- When you have young children, you childproof your home (chemicals, power outlets, etc). We need to "teen-proof" our homes.

Messaging for Kids

When asked to create messaging for kids, teens and young adults, participants generally agreed that it needed to be quick and simple to get kids to pay attention. Some of the ideas that came up include:

- Make it visual. Show kids with problems in the ads and say this could be you or your friends.
- Show the positive side. Help kids to aspire to be drug-free.
- Show good and bad decisions and then show the outcomes.
- Show a scenario of how a kid would get involved with prescription drugs so kids can recognize the situation when they are in it.
- Show kids the consequences, like an overdose or something similar.
- Tell kids that prescription drugs are drugs. They are not safe just because of the "prescription" prefix.

Messaging for Adults

Participants in both groups were relatively succinct on messaging ideas for adults. The key messages were “be aware that abuse happens,” “these drugs are addictive,” and “addiction could happen to anyone; it doesn’t discriminate.”

Fact Testing

The following facts were read to participants in order to gauge their effectiveness and see if they raised the level of concern that participants had about prescription drug abuse:

- Montana ranks third in the nation for teen abuse of prescription pain relievers. In 2007, 9.6% of MT teens reported abuse of pain relievers over the past year.
- So far in 2009, 42% of the Department of Justice—Division of Criminal Investigation’s cases were related to prescription drug abuse. This number was 7% in 2003.
- More teens abuse prescription drugs than any illicit drug except marijuana.
- 1 in 5 teens report having abused prescription drugs.
- Among insured populations, opioid abusers averaged annual healthcare costs 8 times higher than non-abusers.
- Prescription drug fraud costs public and private insurers an estimated \$72.5 billion each year.
- Montana had 227 traffic related deaths and 321 prescription drug-related deaths in 2008.

After hearing these facts, participants stated that they were relatively ignorant about the scope of the problem. It was generally agreed upon that these facts increased the level of concern. A few participants discussed concerns that access to prescriptions was too easy and that perhaps doctors were overprescribing. One Bozeman participant specifically mentioned that hearing the fact that Montana was third in the nation for abuse was impactful because no one in Montana wants the state to be known for something negative like that. In Billings, the fact that compared prescription abuse related deaths to traffic deaths was seen as the most powerful. Participants stated that they were not fully aware of the scope of the problem before hearing that fact.

State Government and the Prescription Drug Monitoring Program

There was consensus among both groups that the State Government was not doing enough to warn people about the problem of prescription drug abuse. When the PDMP was explained, the majority of all participants agreed that they would support the program. One participant voiced a concern about government interference with personal matters such as prescription medications; however the participant did understand the need for the program.

Resources

Participants were asked what resources they felt would be helpful in building awareness for prescription drug abuse and battling the problem. The following were some of the most popular resources that participants asked for:

- Something that helps people to identify the signs of prescription drug abuse in a friend or relative.
- Something from the pharmacist describing the dangers when you fill a prescription, or even something from the doctor when he or she writes the prescription.
- Community meetings, particularly for parents with children in schools. Something similar to the meth educational meetings that take place in schools. These would be most effective if they were relevant to that specific school.
- A prescription drug take-back day, or prescription drug disposal awareness month.
- A website with information about abuse, particularly if the URL was included in advertising.
- More education from doctors as they are the people we listen to when it comes to matters like these.

QUANTITATIVE STUDY: EXECUTIVE SUMMARY

METHODOLOGY

Survey Instrument

Data for the qualitative survey was collected by Discovery Research Group of Salt Lake City, Utah, utilizing Computer-Assisted Telephone Interviewing (CATI).

The survey was designed to collect information on the following key topics:

- Scope of the problem/baseline awareness
- Personal experience
- Perceived dangers
- Awareness of existing messaging
- Message testing
- Scope of the problem revisited
- Sources of drugs
- Prescription Drug Monitoring Programs
- Willingness to take action

Please see Appendix G for the survey script that was used to collect the data.

Sampling

The survey was conducted using sampled lists to get a minimum of 400 completed interviews. The screening criteria were age between 25 and 70, and residence in the state of Montana. The sample was then stratified using 3 criteria: geographic location, gender, and age. These criteria were adopted to ensure an accurate representation of the state of Montana.

Geographic location was based upon county of residence. The State of Montana was split in to 5 distinct sections, being North West, South West, North Central, South Central, and Eastern. The number of respondents from each region was based upon the percentage of the population of Montana residing in each of the regions (see Appendix H for the regional map).

Gender was recorded to ensure an adequate representation of each gender. The targeted quota was a 50/50 split of male/female with a margin of error of +/-10%, meaning a 40/60 or 60/40 split would have been acceptable.

Age was divided into two groups, 25 – 44 and 45 – 70. Originally, the targeted quota was a 50/50 split among the two groups, but due to budgetary limitations and low incidence of the younger age group, we accepted a margin of error of +/-25% for a 25/75 split of younger/older.

Survey Implementation

The survey was fielded over a period of 4 days, starting on Monday, October 26th and ending on Thursday, October 30th. Interviews were conducted in the evenings for better respondent reach. 411 surveys were completed before the survey was closed on the evening of October 30th.

SUMMARY OF FINDINGS

Scope of the Problem / Baseline Awareness

Only a small proportion (3.9%) of respondents thought prescription drug abuse causes the most problems in their community. Respondents thought alcohol (65%) causes the most problems followed by meth (21.2%). This statistic shows a lack of knowledge as to the amount of problems caused by prescription drugs and a need for greater awareness.

A large proportion (34.6%) of respondents did feel that prescription drug abuse was a big problem in Montana, however many respondents were unsure (26.3%) or felt neutral (24.6%) as to the size of the problem. This again shows a need to raise awareness for the problem.

Personal Experience

Thirty-three percent of the respondents reported that they personally know someone who has had a problem with prescription drugs. Almost half (48.9%) said the person was a friend or colleague, but a quarter (23.7%) said the person was an immediate family member or relative. This was reported across all demographics, suggesting that the problem is prevalent and affects all walks of life.

Only 2% of respondents reported nonmedical use of prescription drugs in the past 30 days, but this number is likely underreported. Of that 2%, the majority stated that the drug was prescribed to them by one doctor.

Perceived Dangers

Respondents thought that prescription drugs are quite or very dangerous; however a proportion (17.6%) were unsure of how dangerous the drugs are. Females were more likely to think the drugs are dangerous than males.

The majority (56.4%) of respondents thought that prescription drugs were equally as dangerous as street drugs (such as heroin, meth and cocaine), however a third (33%) thought that prescriptions are less dangerous than street drugs. Once again, males were more likely to think that prescriptions are less dangerous than street drugs. This may suggest the need for education about the dangers of prescription drugs.

Respondents did not feel that the legal consequences of prescription drug abuse are severe. Most feel the consequences are not severe (39.7%) or they are unsure (20%) or feel neutral about the severity of the consequences (25.1%).

Awareness of Existing Messaging

The majority of respondents (59%) reported having seen advertising or messaging about prescription drug abuse. Of those who had seen advertising, over half (60%) thought it was effective. Based upon our knowledge of prescription drug campaigns that have run in Montana and feedback from the qualitative research, it would be safe to say that most respondents were referring to *Partnership for a Drug Free America* campaigns. Based upon this feedback, we could safely say that people like that advertising and feel it is effective.

Message Testing

The following 5 messages were tested in the quantitative research:

1. When not used as directed by your doctor, prescription drugs can be just as addicting as heroin, meth or cocaine.
2. Montana ranks third in the nation for teen abuse of prescription pain relievers. About 1 in 10 Montana teens abuse the substances.
3. In 2008, there were 227 deaths related to traffic accidents and 321 deaths related to prescription drug abuse in Montana.
4. In 2008, there were 13 deaths related to meth, 14 deaths related to homicide, and 321 deaths related to prescription drug abuse in Montana.
5. Prescription drug fraud costs public and private insurers an estimated \$72.5 billion each year.

While respondents found all of these messages to be relatively believable, respondents thought that only messages 4 and 5 would be effective in preventing nonmedical use of prescription drugs. This information will be helpful in any development of future advertising campaigns.

Respondents felt that a teenager would be the most influential person to hear a message about prescription drug abuse from (36.3%), although this answer may well have been influenced by existing campaigns, which primarily feature teenagers. Other popular answers were an adult peer (17.5%) and a doctor (18.2%). Again, this could be useful in development of a future communication campaign.

Scope of the Problem Revisited

After hearing the facts, statistics and messages presented throughout the survey, respondents made a shift from either feeling “neutral” or “unsure” about the scope of the problem to feeling that the problem is quite serious. The proportion of respondents who reported feeling that the problem is serious jumped 90% from 24.6% to 65.7%, while the proportion of respondents who were unsure about the scope of the problem dropped from 26.3% to 2.7%. This increase in awareness shows that the public could be receptive to an awareness campaign, which could be quite successful.

Source of Drugs

Respondents were split on the source of prescription drugs that are abused. The most common answer was that they are taken, bought or given to them by or from friends or relatives (combined 49.6%), although many people did think that they would be prescribed by a doctor (18.2%). Very few (3.2%) thought that the drugs would come from multiple doctors, which could show a lack of awareness about “doctor shopping” or “frequent flyers.”

Prescription Drug Monitoring Programs (PDMPs)

Respondents were mostly unaware of PDMPs with only 19% of respondents stating that they are aware of the programs. Of that 19% who were aware, 85% stated that they would support the adoption of a PDMP in Montana.

Of those who were unaware of PDMPs (81%), 86% stated that they would support the adoption of a program in Montana after the purpose of the program was explained to them.

Despite the overwhelmingly positive response to PDMPs, some respondents did report that they would have concerns about privacy of personal information. When privacy concerns were discussed, 27.6% of respondents stated that they would have similar concerns. An important learning from this statistic is that any messaging in support of a PDMP in Montana should address the issue of privacy. Neglect to address this issue could easily turn supporters in to detractors.

Willingness to Take Action

Respondents were asked how likely they would be to perform the following 4 prescription drug related actions after having heard the information presented throughout the survey:

1. Talk to your doctor the next time you receive a prescription.
2. Put drugs in a safe and secure place where only you or someone with your authority could access them.
3. Talk to your children about the dangers of prescription drugs.
4. Visit a website to learn more information about the dangers of prescription drugs and how to prevent them.

One key finding from this section is that females are significantly more likely to take action than males. This was true on all of the actions except talking to children where females and males were equally very likely to take action.

In another key finding, actions that would help people protect themselves from prescription drug abuse, such as talking to a doctor or visiting a website, were less popular than actions that would prevent other people or the respondent's children from problems related to prescription drugs, such as putting drugs in a secure place or talking to children about the dangers.

Also, while those without children were prominently unlikely to visit a website (62.2%), those with children were almost equally likely to visit a website (41.2%) as not (43.8%), furthering the finding that people are more likely to take action if the purpose is to protect someone else. Another finding was that younger populations were significantly more likely to visit a website than older populations, which is not surprising given the technical nature of younger populations in comparison to older populations.

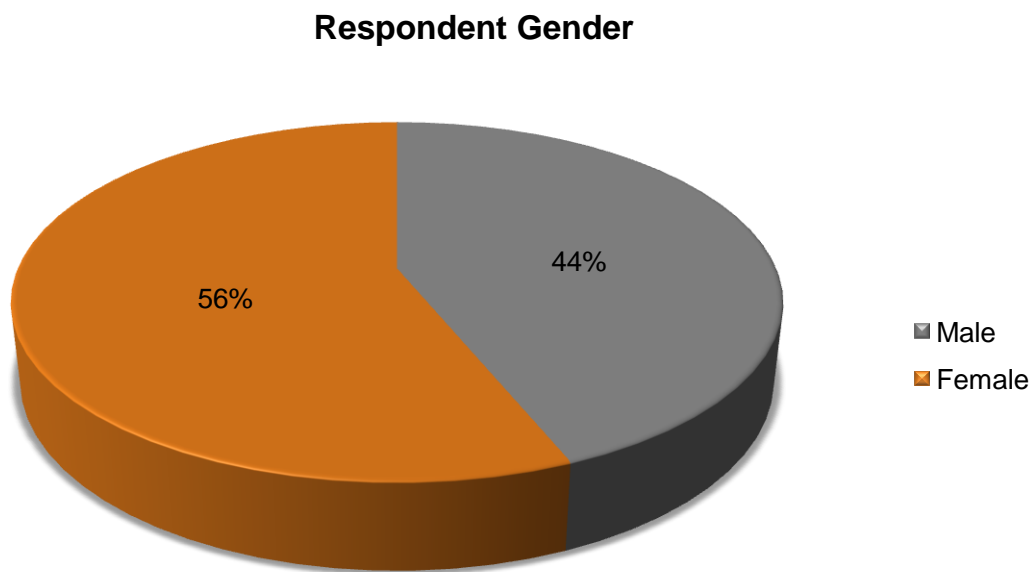
QUANTITATIVE STUDY: ANALYSIS OF RESULTS

DEMOGRAPHICS

Respondent Gender

N=411

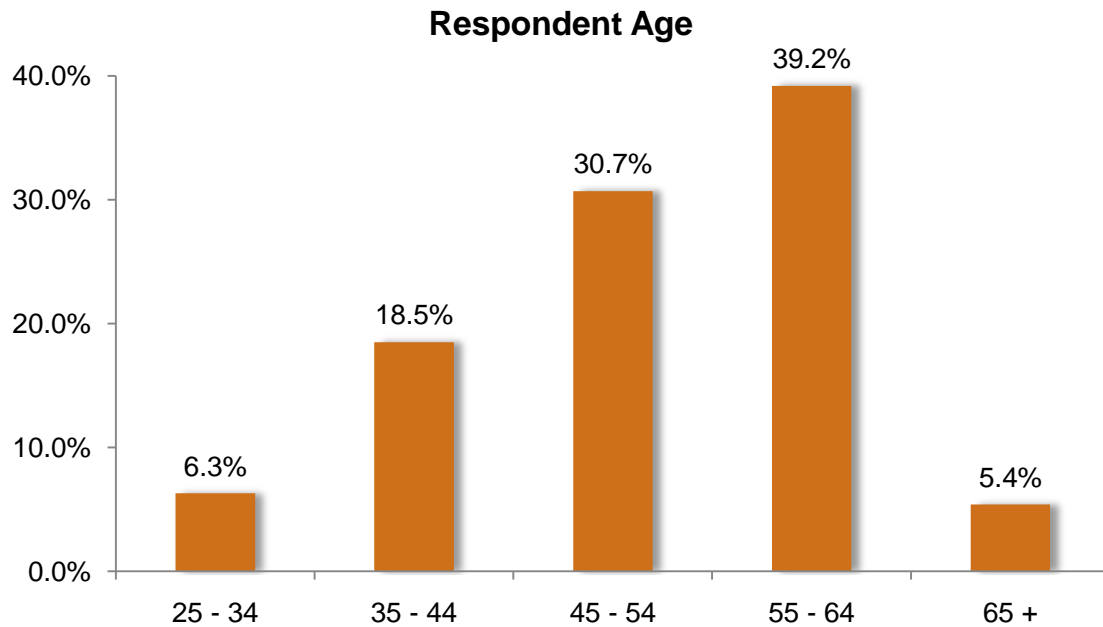
Of the 411 surveys returned, 43.8% (n=180) of survey respondents were male and 56.2% (n=231) were female. This is a good representation of the state of Montana. Recent estimates show that Montana is split almost perfectly 50% male to 50% female.



Age of Respondents

N=411

6.3% (n=26) of respondents were aged 25 – 34. 18.5% (n=76) were aged 35 – 44. 30.7% (n=126) were aged 45 – 54. 39.2% (n=161) were aged 55 – 64. 5.4% (n=22) were aged 65 or older. This age breakdown is quite typical of telephone surveys and gives us a good age ranges for statistical testing.



Region of Residence

N=394 (17 refusals)

Region of residence was sampled to meet preset quotas based upon regional population (see Exhibit 3). 31.2% (n=123) of respondents reside in North West Montana, encompassing the cities of Missoula and Kalispell. 22.8% (n=90) reside in South West Montana, including Bozeman and Helena. 15% (n=59) reside in North Central Montana, including Great Falls. 20.3% (n=80) reside in South Central Montana, with Billings being the major city. 10.7% (n=42) reside in Eastern Montana.

Respondent Region of Residence

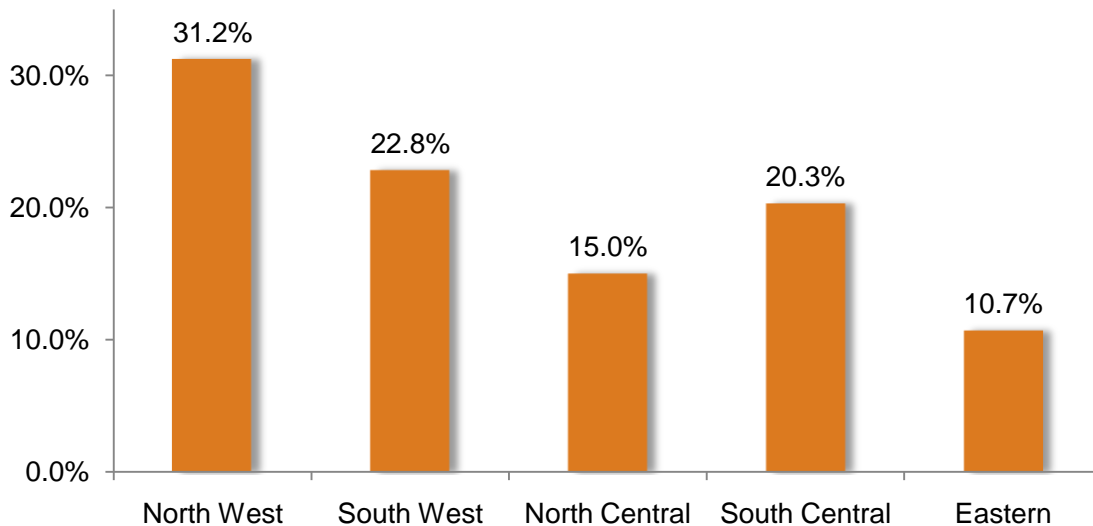
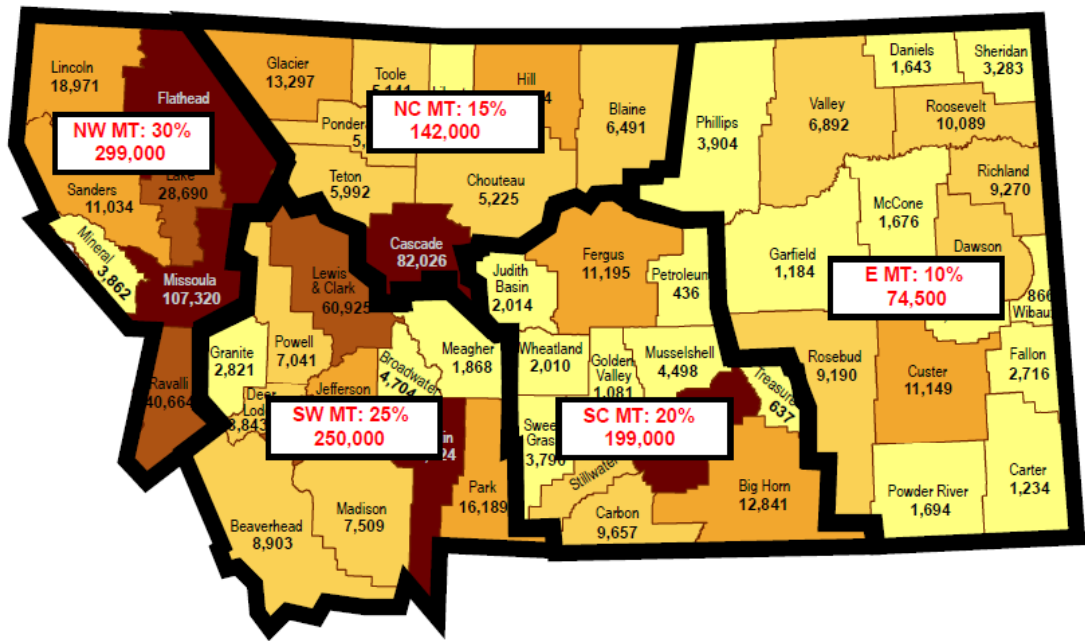


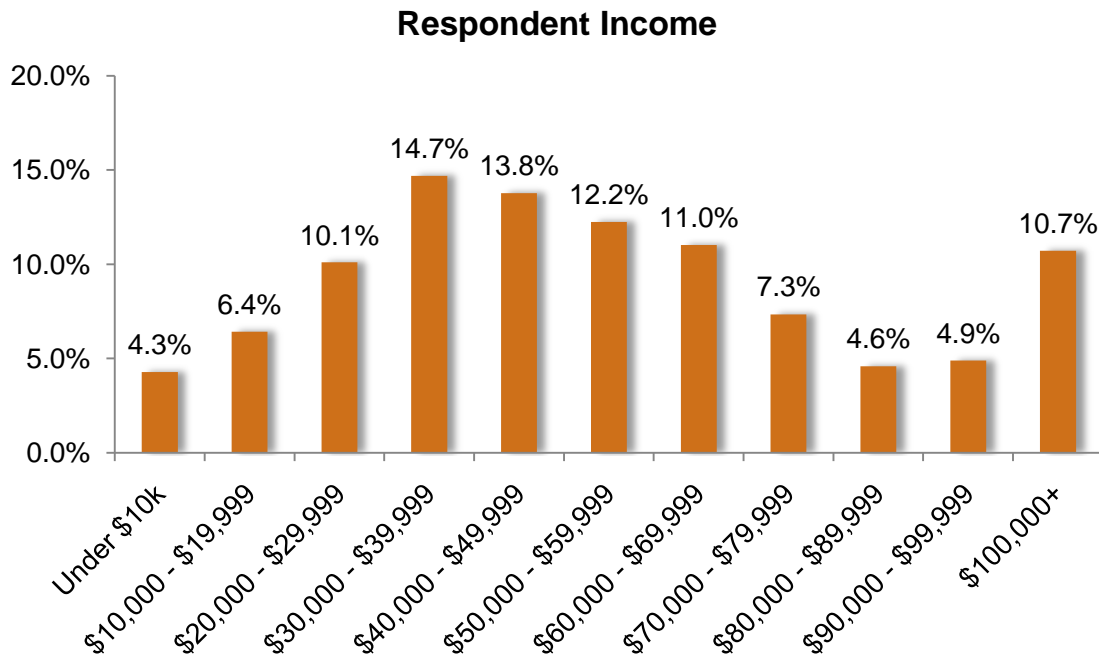
Exhibit 3. Regional Breakdown of the State of Montana



Annual Household Income

N=327 (84 refusals)

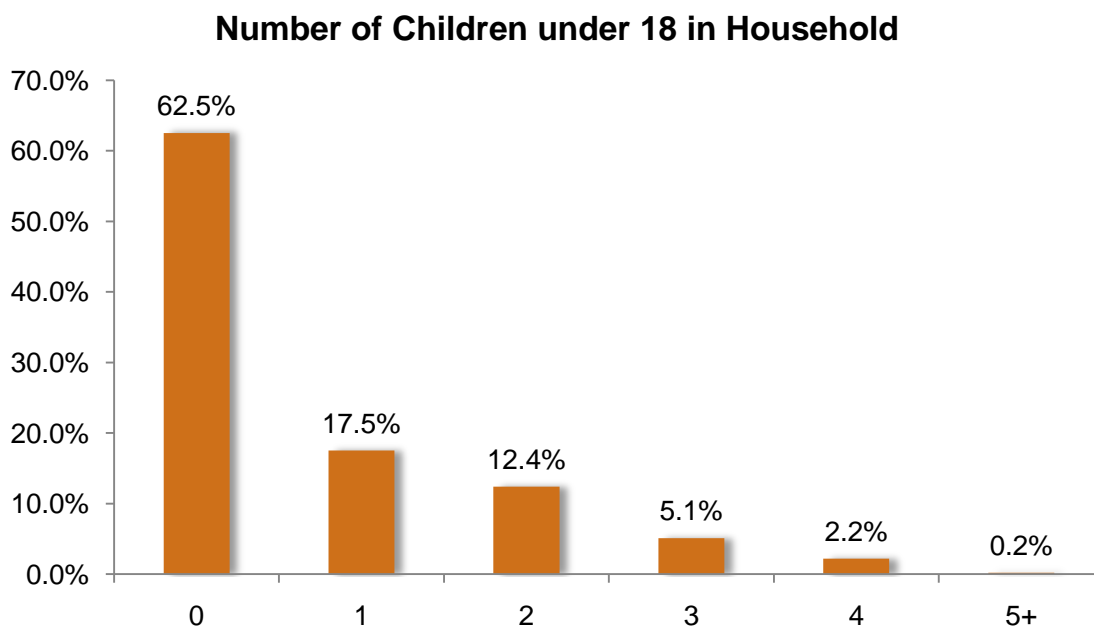
Respondent income shows a good representative sample of the state of Montana, with the most common income group of \$30,000 – 39,999 at 14.7% (n=48) matching the median state household income of \$35,574. The even distribution outwards from the most common group also makes the sample representative, with the only outlier being the high income group of \$100,000+ at 10.7% (n=35).



Number of Children under the Age of 18 Living in Household

N=411

62.5% (n=257) of respondents reported no children under the age of 18 living in their household. The remaining 37.5% (n=154) had between 1 and 6 children under the age of 18 living in their household.

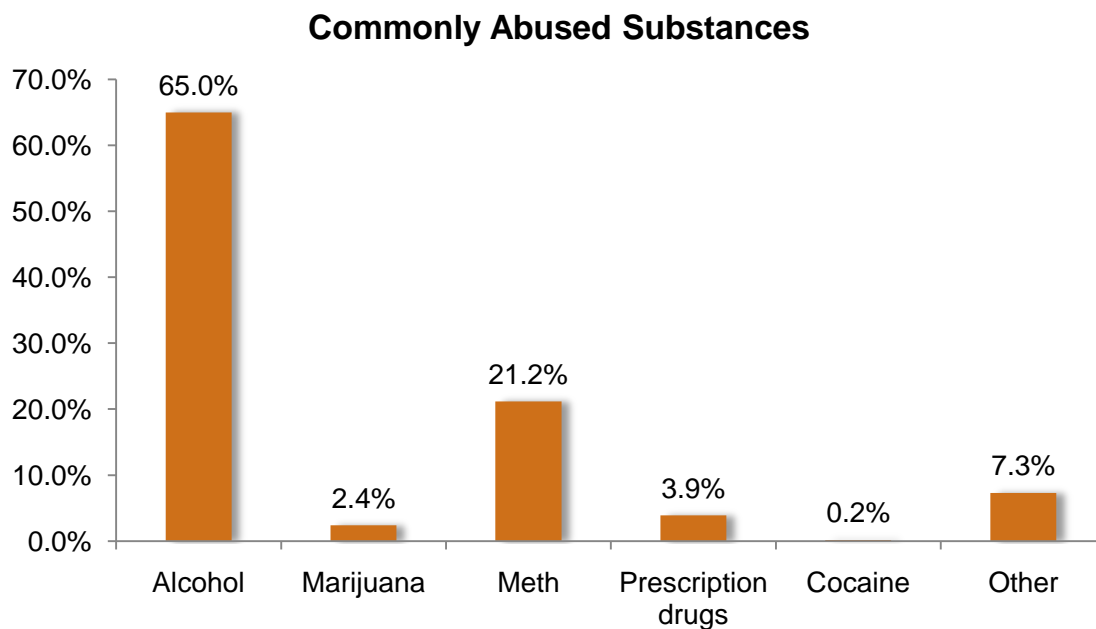


SCOPE OF THE PROBLEM / BASELINE AWARENESS

Q1: Which of the following commonly abused substances causes the most problems in your community?

N=411

Responses from this question indicate a perception that both alcohol and meth cause more problems in respondents' communities than prescription drug abuse. Respondents most commonly answered alcohol, with 65% (n=267) reporting it as causing the most problems. Meth was the second most common answer at 21.2% (n=87). Prescription drugs were only chosen by 3.9% (n=16) of respondents. Answers were chosen from 6 options on a prompted list.

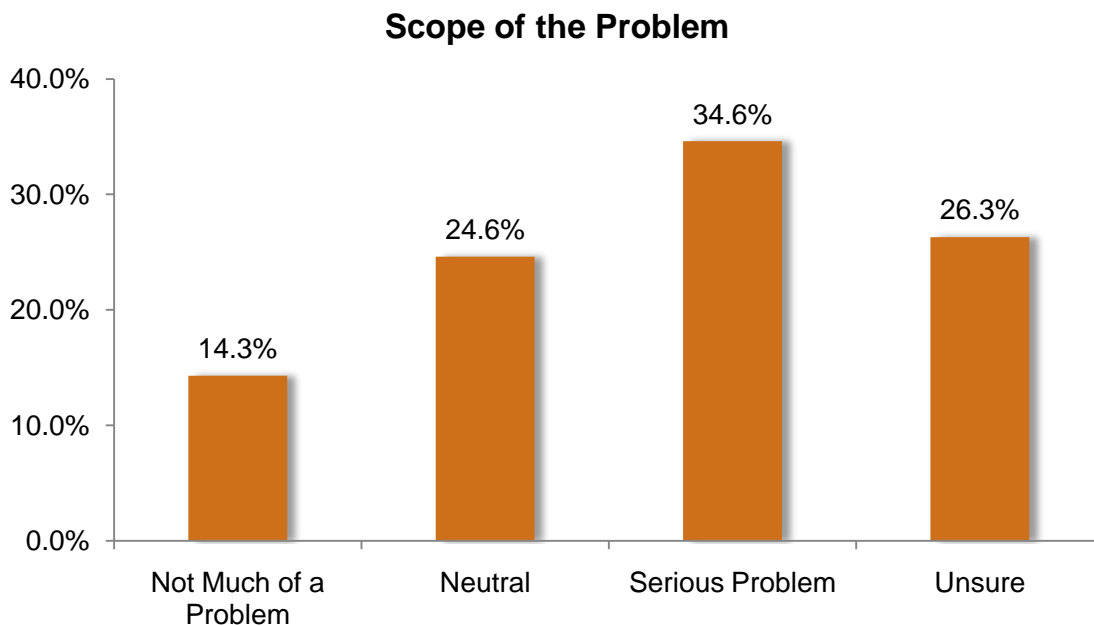


Q2: On a scale of 1 - 5, with 5 being a very serious problem and 1 being not a problem at all, how big of a problem is nonmedical use of prescription drugs in Montana?

NOTE: For the sake of analysis, the interval scale of 1 – 5 used in the question has been coded as nominal data. Answers “1 – 2” are coded as “Not Severe”; “3” is coded as “Neutral”; answers “4 – 5” are coded as “Severe”; all other answers remain the same.

N=410 (1 refusal)

Respondents most commonly thought that prescription drug abuse is a large problem in the state of Montana, although a large proportion of respondents were unsure as to the scale of the problem. This is indicated by the high percentage of respondents who answered “unsure” (26.3%; n=108), as well as the high percentage of respondents who chose “neutral” (24.6%; n=101), which is the most common answer when participants do not feel strongly one way or the other.

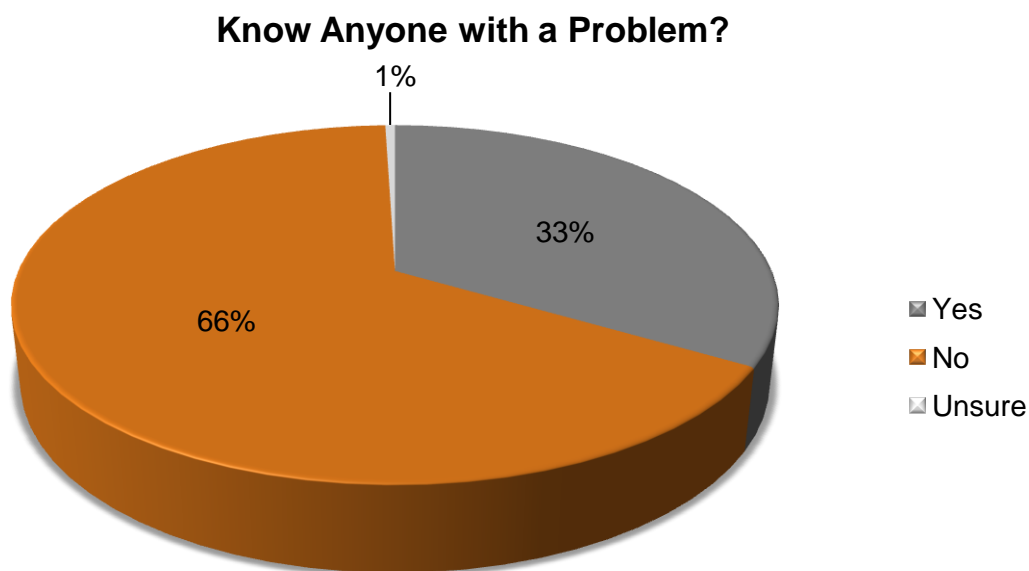


PERSONAL EXPERIENCE

Q3: Do you personally know anyone who has had problems with nonmedical use of prescription drugs?

N= 410 (1 refusal)

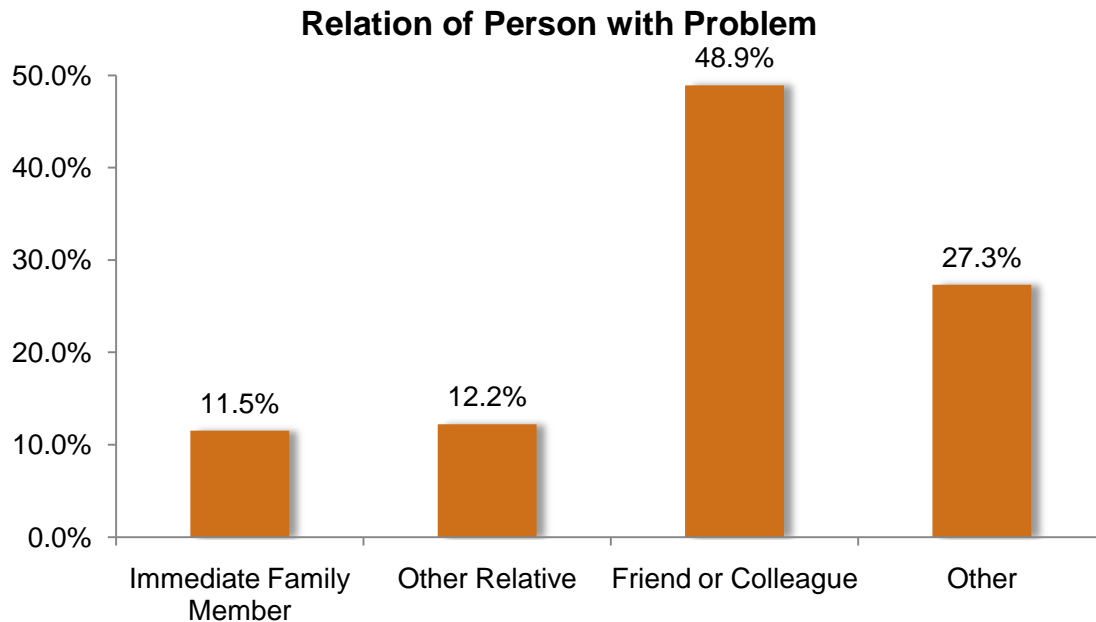
A relatively high percentage of respondents reported personally knowing someone who has or had problems with prescription drugs. 33% (n=137) responded yes.



Q3 a: What relation is that person to you?

N=139 (N is larger than the number of people who answered “yes” to the previous question because respondents could choose multiple answers)

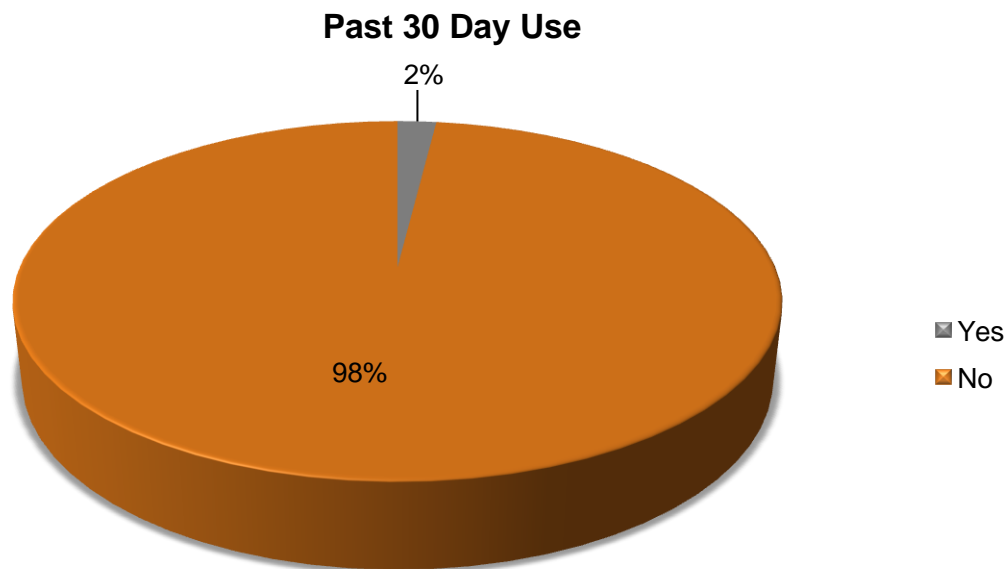
The majority of respondents who reported personally knowing someone who has or had a problem with prescription drugs stated that the person was a friend or relative (48.9%; n=68). Immediate family members and other relatives were reported at a combined rate of 23.7% (n=33). Respondents were asked to choose their answer from a prompted list.



Q4: Keeping in mind that this survey is 100% confidential, have you, in the past 30 days, used any type of prescription pain reliever, sedative, tranquilizer or stimulant such as hydrocodone, OxyContin, Ritalin, valium, Percocet, or fentanyl that was not prescribed to you or that you took only for the experience or feeling it caused?

N=410 (one refusal)

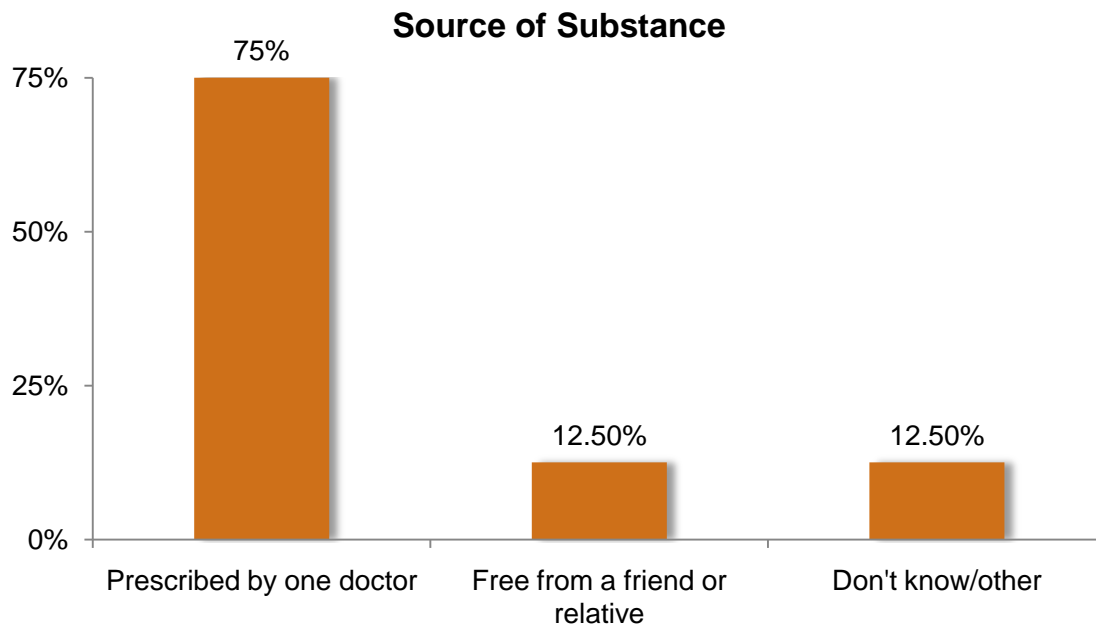
Only 2% (n=8) of respondents reported abusing prescription drugs in the past 30 days. It is highly likely that this number is under reported due to the incriminating nature of the question. It is also likely that this number would be higher if past use were not limited to 30 days.



Q4 a: Where did you obtain the substance?

N=8 (only respondents who replied yes to the previous question)

Of those who reported abusing prescription drugs in the past 30 days, 75% (n=6) reported getting the drugs from one doctor. 12.5% (n=1) reported receiving the drugs for free from a friend or relative. The other 12.5% (n=1) got the drugs from another unlisted resource. Respondents were asked to choose their answer from a prompted list.

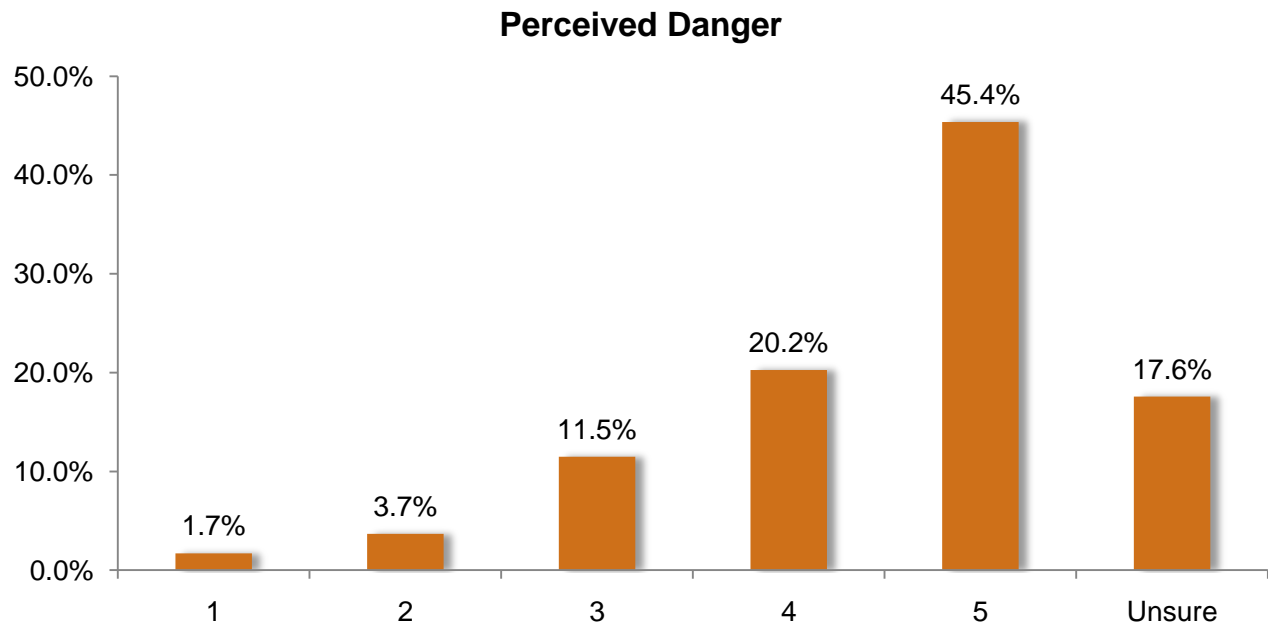


PERCEIVED DANGERS

Q5: How dangerous on a scale of 1 - 5 is the nonmedical use of prescription drugs such as OxyContin, Xanax, Vicodin or Adderall?

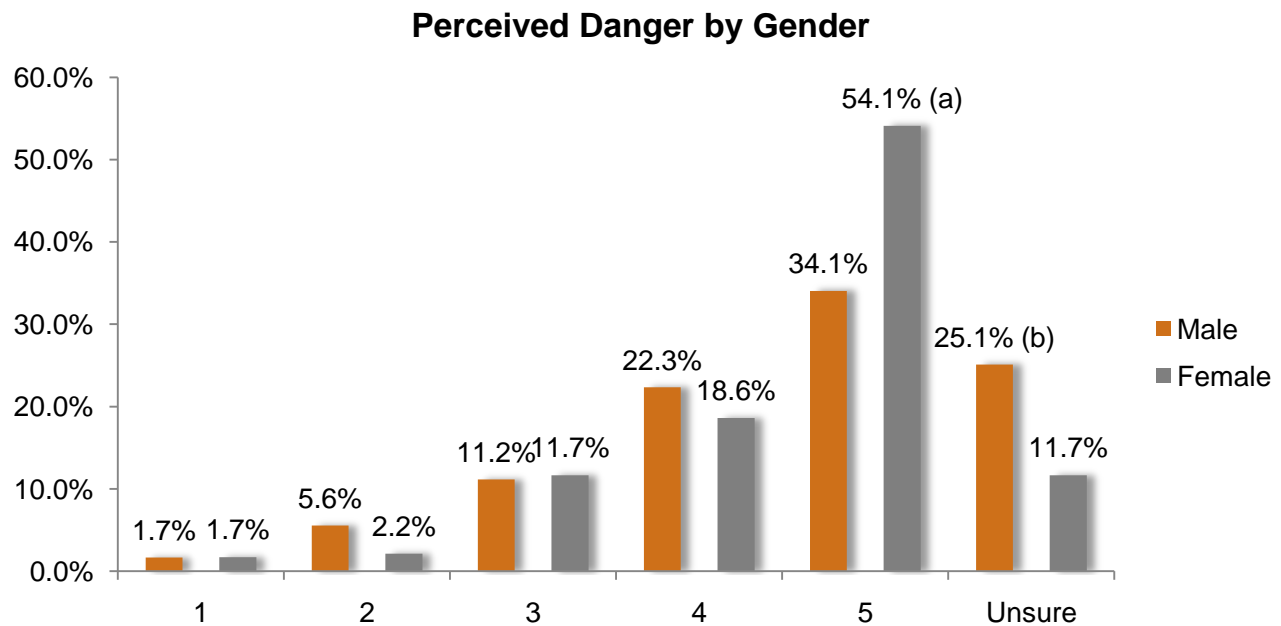
N=410 (one refusal)

Generally, respondents thought that nonmedical use of prescription drugs was very dangerous, with 45.4% (n=186) reporting the most dangerous option, “5.” Only 5.4% (n=22) reported scores lower than a “3.” Indicating they did not feel that nonmedical use of prescription drugs was dangerous. Also important to note is the fact that 17.6% (n=72) of respondents were unsure of the level of danger. This relatively high score shows that there is a subgroup of people out there who do not know about the level of danger.



Q5 Continued: Cross-tabulated against Gender

Another interesting fact is that females are statistically more likely to choose the answer “5,” a high level of danger, than males. Also, males are statistically more likely to be unsure of the level of danger than females.



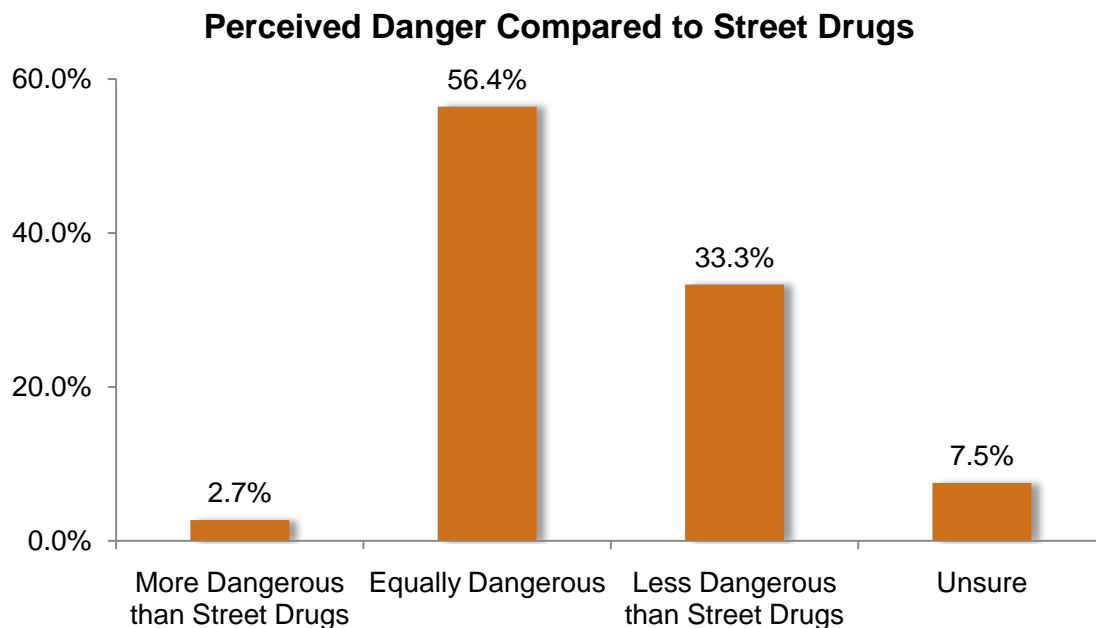
- a. Females are statistically more likely to rank the level of danger as “5” than males.
- b. Males are statistically more likely to report being unsure as to the level of danger than females.

Q6: Do you think the non-medical use of prescription drugs like Oxycontin, Xanax, Vicodin or Adderall is more, less, or equally as dangerous as use of street drugs like heroin, meth, and cocaine?

NOTE: This question has been reversed from the way it was asked during the survey for improved reporting and comprehension. Originally the question compared street drugs to prescriptions.

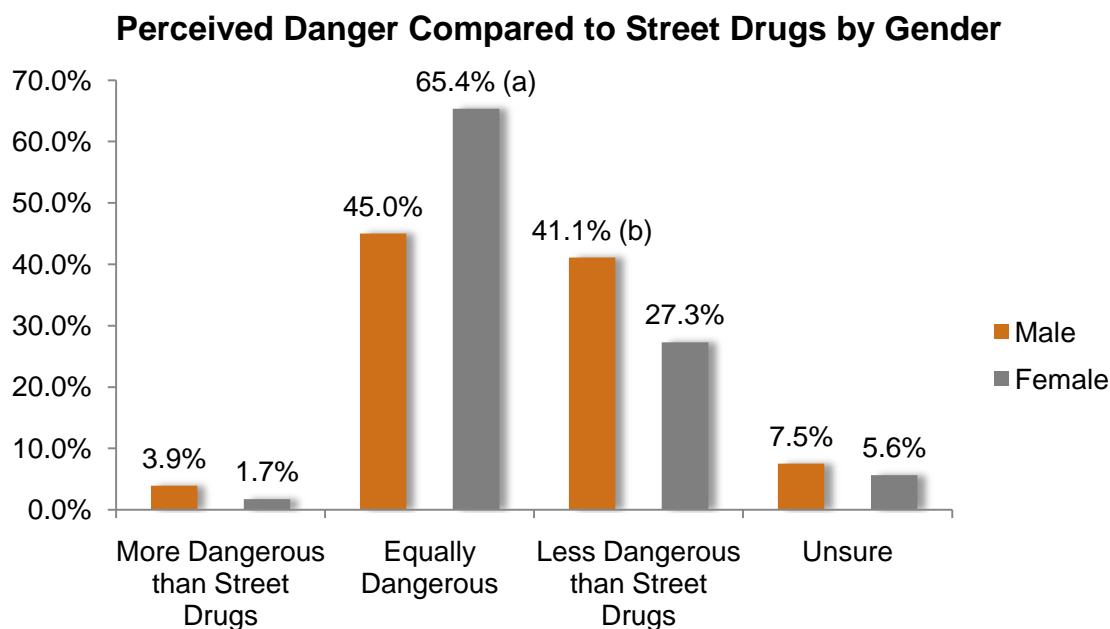
N=411

Respondents most commonly reported that prescription drug abuse is equally as dangerous as the use of street drugs, with 56.4% (n=232) choosing that answer. Despite that, the second most common belief at 33.3% (n=137) was that prescription drugs are less dangerous than street drugs. In conjunction with the last question, this shows that there may be a subgroup of people who do not fully understand the dangers of prescription drug abuse.



Q6 Continued: Cross-tabulated against Gender

Another finding based upon this question is that females are more likely than males to think that prescription drug abuse is equally as dangerous as the use of street drugs. On a similar note, males are more likely than females to think that prescription drug abuse is less dangerous than use of street drugs.



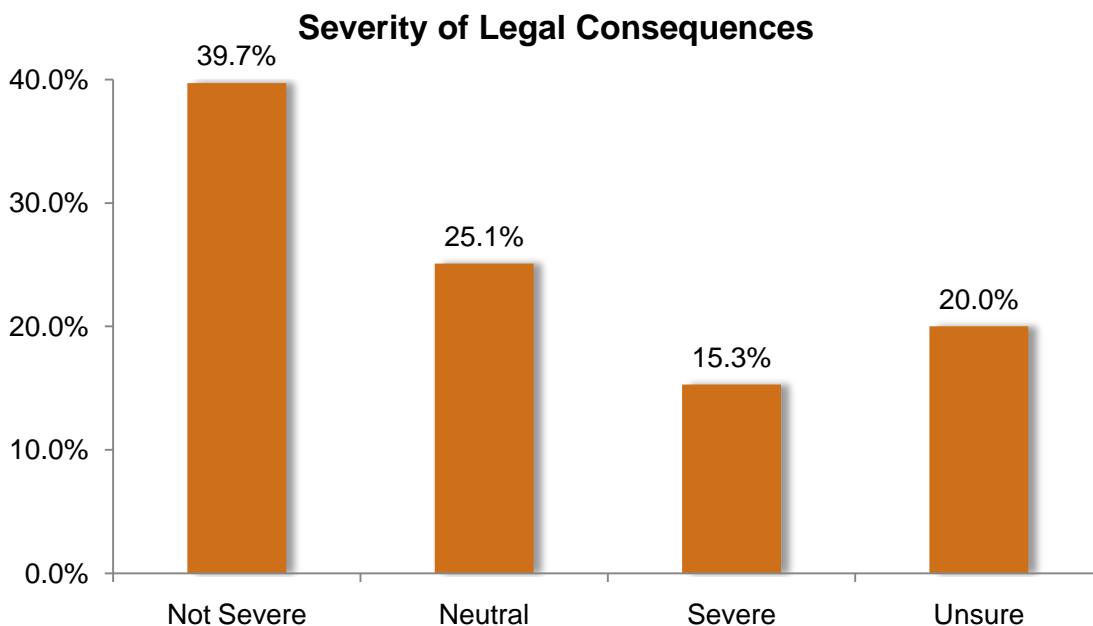
- a. Females are statistically more likely than males to think that prescription drug abuse is equally as dangerous as the use of street drugs.
- b. Males are statistically more likely than females to think that prescription drug abuse is less dangerous than use of street drugs.

Q7: How severe do you think the legal consequences of prescriptions drug abuse are in the state of Montana? Please answer on a scale of 1 - 5, with 5 being very severe and 1 being not at all severe.

NOTE: For the sake of analysis, the interval scale of 1 – 5 used in the question has been coded as nominal data. Answers “1 – 2” are coded as “Not Severe”; “3” is coded as “Neutral”; answers “4 – 5” are coded as “Severe”; all other answers remain the same.

N=411

Respondent answers to this question make it clear that people do not think the legal consequences of abusing prescription drugs are very severe. 39.7% (n=163) indicated that the consequences are not severe. Other popular answers indicated a lack of knowledge, with 20% (n=82) indicating they are unsure of the severity of the consequences, and 25.1% (n=103) choosing a neutral answer that is commonly associated with no strong feelings one way or the other. Only 15.3% (n=63) thought consequences would be severe.

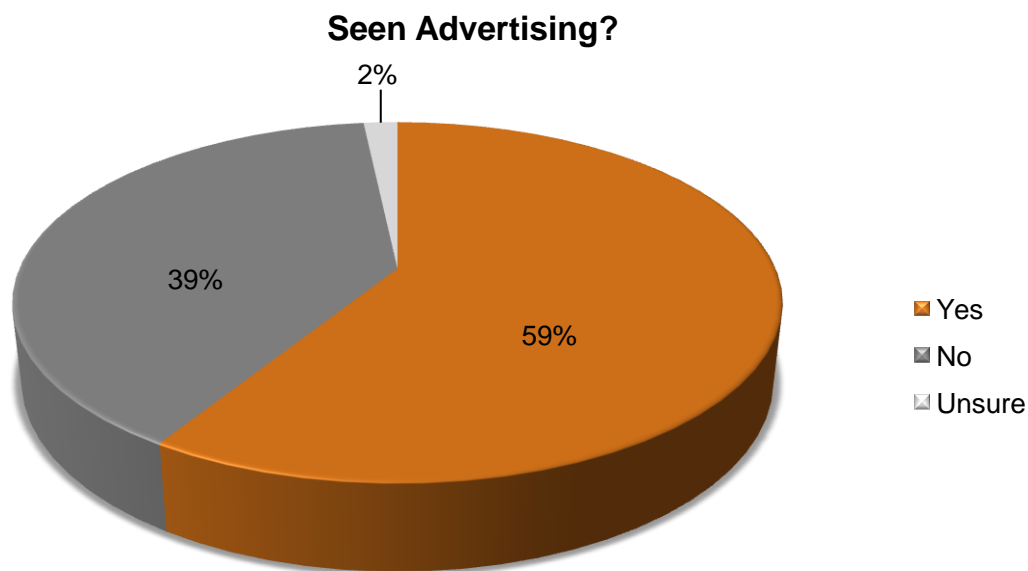


AWARENESS OF EXISTING MESSAGING

Q8: Have you ever seen any advertising or public messaging warning you about the dangers of nonmedical use of prescription drugs?

N=411

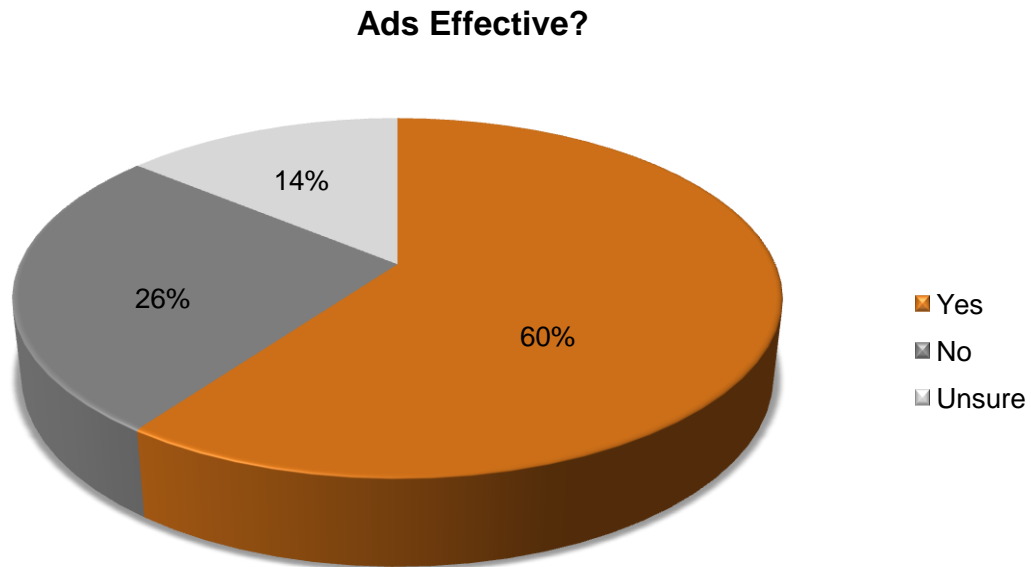
Based upon answers to this question, it is fair to say that existing prescription drug abuse campaigns have had fairly good reach in Montana. 59% (n=242) of respondents indicated that they had seen advertising warning them of the dangers of prescription drug abuse. 39% (n=160) had not seen any advertising. It is also fair to say the advertising had relatively equal reach across demographics, as no demographic reported seeing the advertising at statistically higher or lower levels.



Q8 a: Did you feel that the advertising was effective?

N=242 (only those who had seen advertising)

60% (n=145) of respondents who had seen advertising thought the advertising was effective, whereas only 26% (n=63) thought it was not effective. The remaining respondents were unsure if they felt that the advertising was effective or not.



MESSAGE TESTING

The following message testing questions (Q9 – Q13) were read with the goal of testing believability and effectiveness. The questions were read with the following preamble:

“Now I am going to read you a series of facts, statistics and messages about prescription drug abuse. Each of these statements could potentially be the key message in an advertisement aimed at preventing nonmedical use of prescription drugs. Please listen to the statement then answer the following questions keeping in mind that you would see or hear this statement in a television, print or radio advertisement.”

Each message was first read to the respondent, and then the respondent was asked to answer the following two questions:

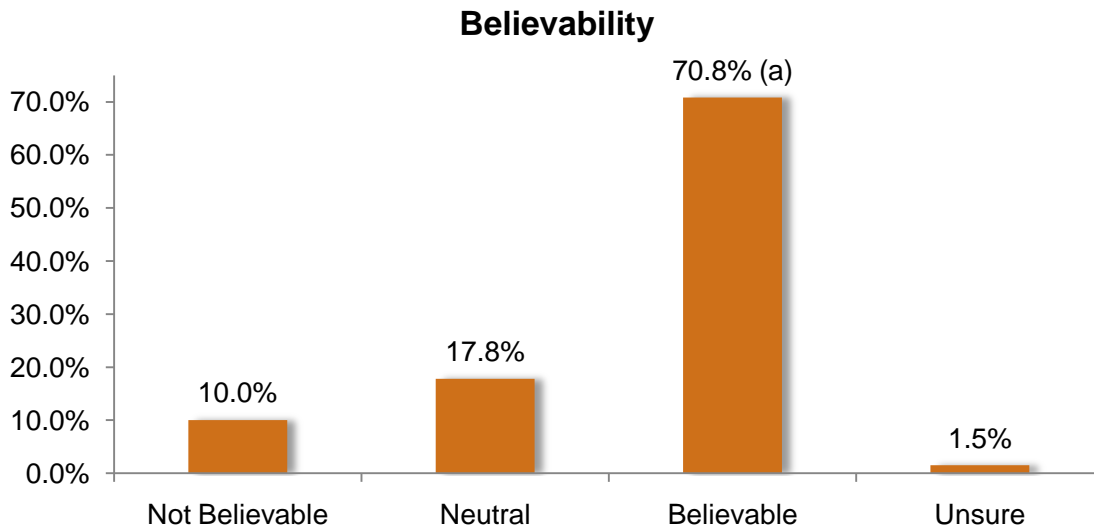
- (a) On a scale of 1 – 5, with 5 being highly believable and 1 being not at all believable, how believable is this message?*
- (b) On a scale of 1 – 5, with 5 being highly effective and 1 being not at all effective, how effective do you think this message would be at preventing nonmedical use of prescription drugs?*

NOTE: For the sake of analysis, the interval scale of 1 – 5 used in the question has been coded as nominal data. Answers “1 – 2” are coded as “Not Believable” or “Not Effective”; the answer “3” is coded as “Neutral”; answers “4 – 5” are coded as “Believable” or “Effective”; all other answers remain the same.

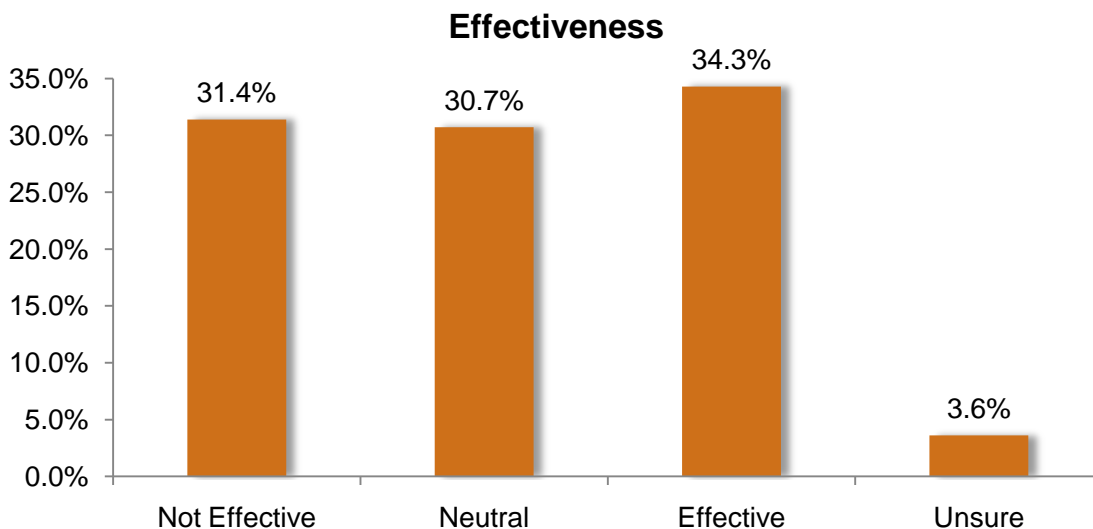
Q9: When not used as directed by your doctor, prescription drugs can be just as addicting as heroin, meth or cocaine.

N=411

While respondents mainly stated that this message was highly believable at a statistically significant level of 70.8% (n=291), they did not find it particularly effective. The distribution among “effectiveness” answers does not show that respondents found this message statistically more effective than not effective.



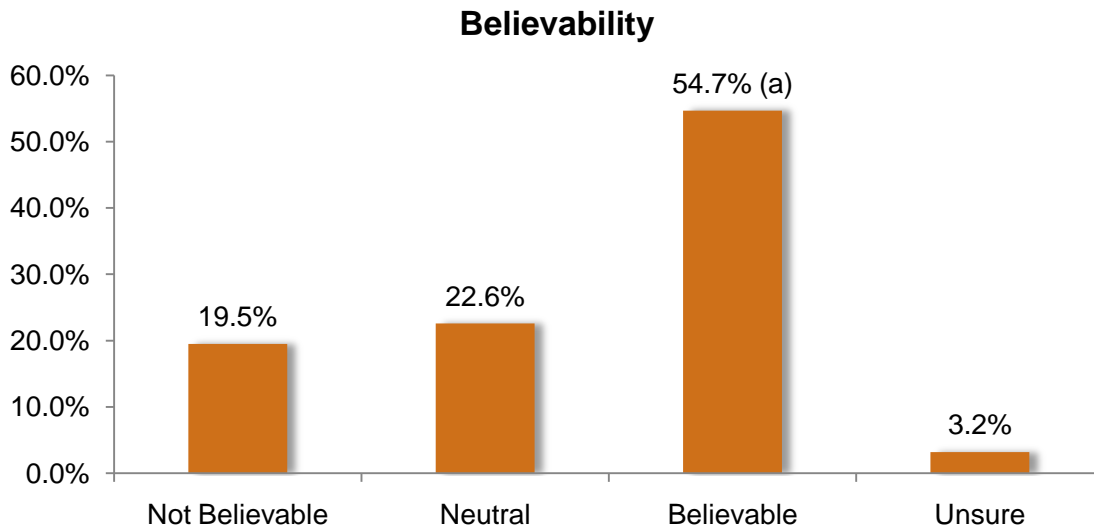
a. Respondents found this message to be believable at a statistically significant rate.



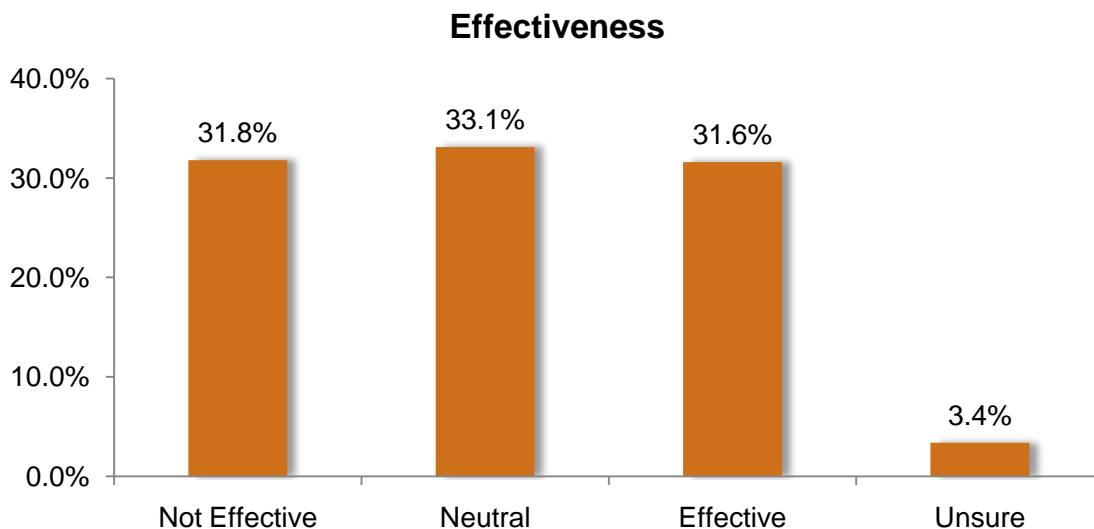
Q9: Montana ranks third in the nation for teen abuse of prescription pain relievers. About 1 in 10 Montana teens abuse these substances.

N=411

As in the last message, this message is deemed highly believable by respondents at a statistically significant level of 54.7% (n=223), yet it was not seen as particularly effective. The distribution of answers to the “effectiveness” question does not show that respondents found this message to be any more effective than not effective.

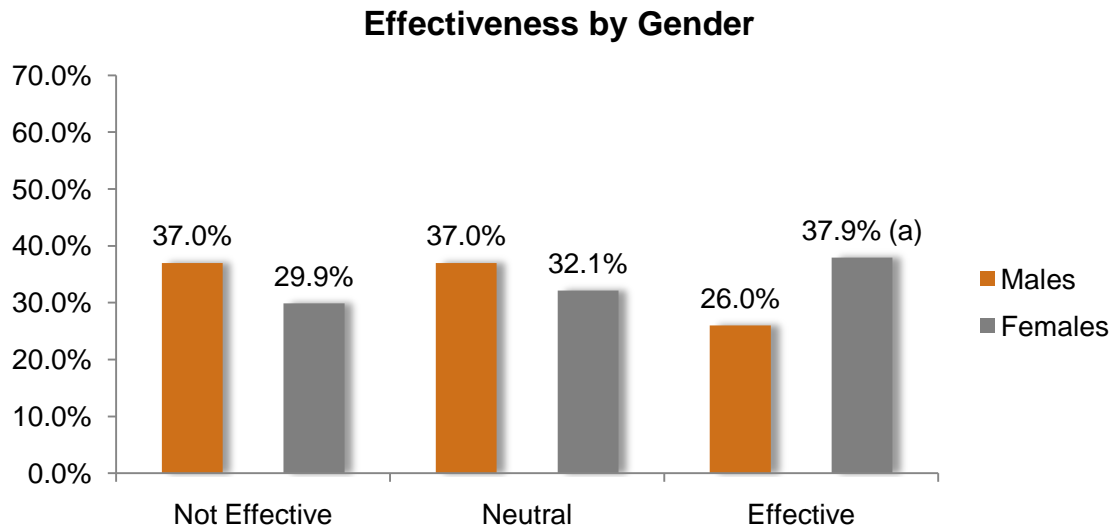


a. Respondents found this message to be believable at a statistically significant rate.



Q9: Cross-tabulated against Gender

When the effectiveness of this message is cross-tabulated against gender, the results show that females find this message to be more effective than males do. However, neither males nor females find this message to be more effective than not effective at a statistically significant level.

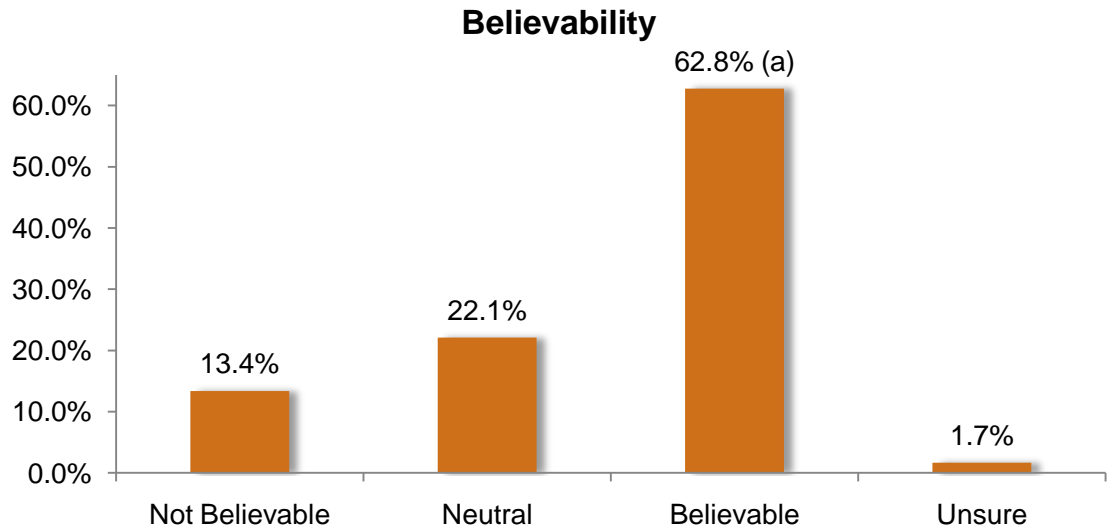


- a. Females are statistically more likely to find this message effective than males, however neither gender finds this message to be more effective than not effective at a significant level.

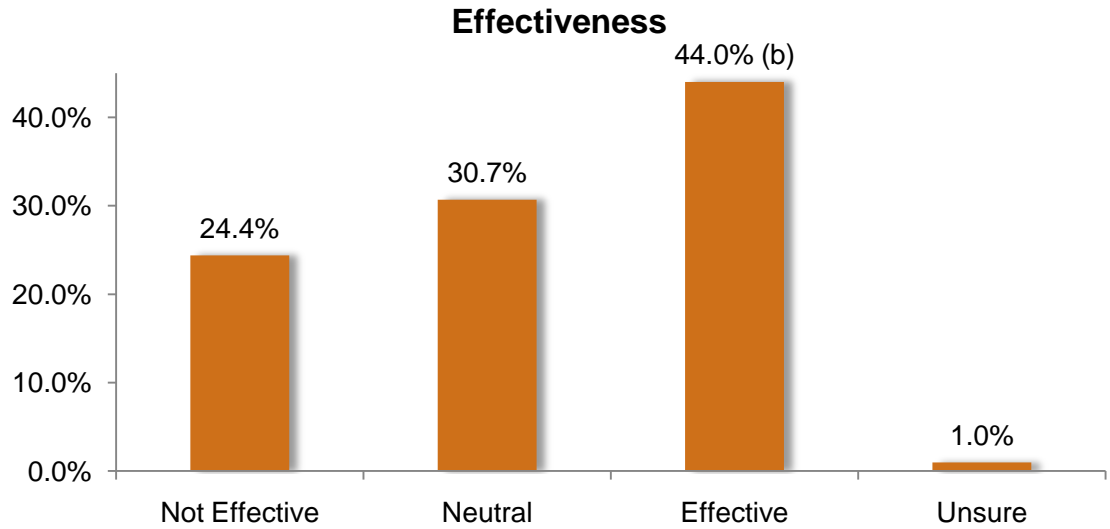
Q10: In 2008, there were 227 deaths related to traffic accidents and 321 deaths related to prescription drug abuse in Montana.

N=411

Unlike the previous two messages, respondents found this message to be both believable and effective at statistically significant rates. 62.8% (n=258) of respondents found this message to be believable. 44% (n=181) of respondents thought that this message would be effective at preventing nonmedical use of prescription drugs. While this number is not extremely high, it does show that respondents felt that this message would have a larger impact than the two previous messages.



a. Respondents found this message to be believable at a statistically significant rate.

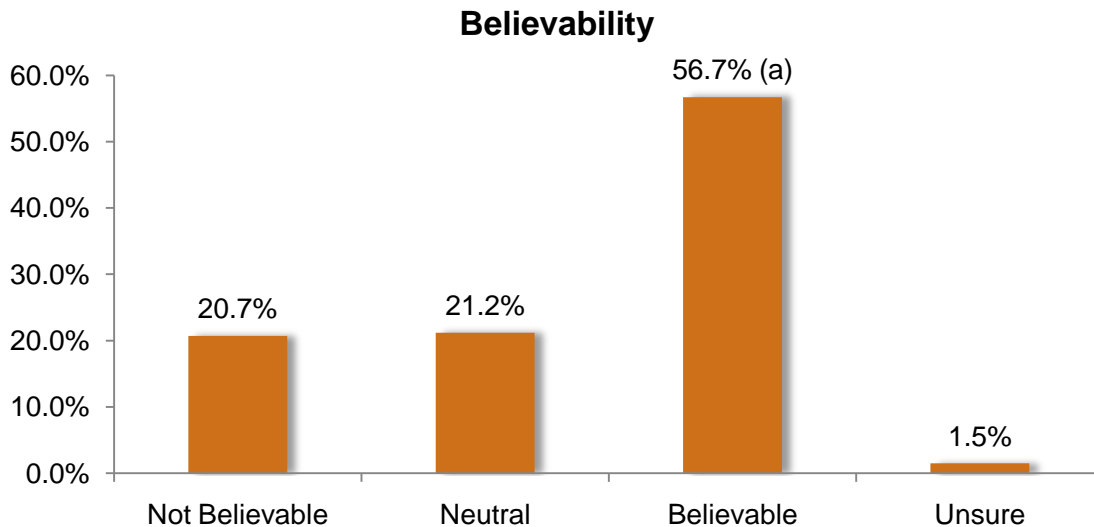


b. Respondents thought that this message would be effective in preventing nonmedical use of prescription drugs at a statistically significant rate.

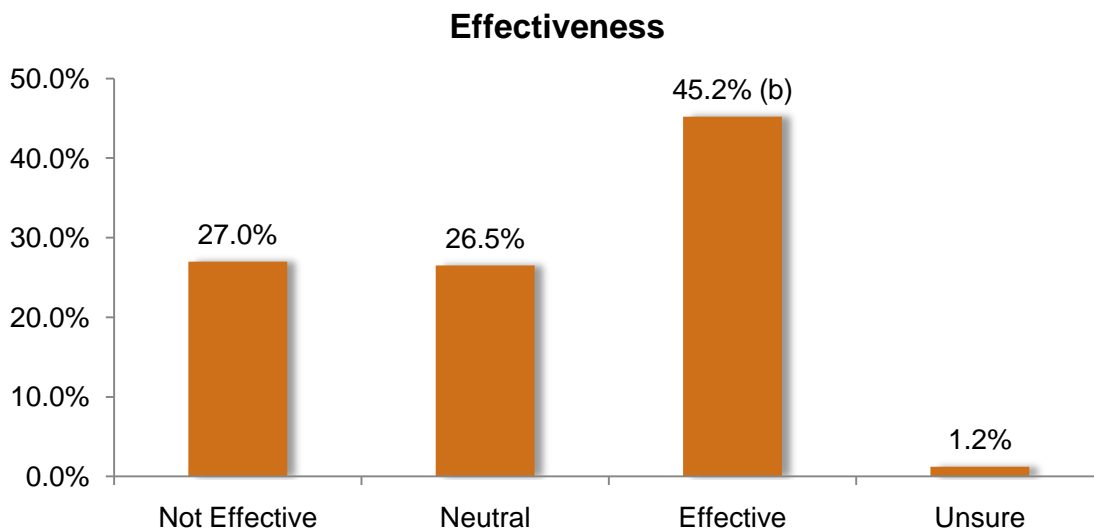
Q11: In 2008, there were 13 deaths related to meth, 14 deaths related to homicide, and 321 deaths related to prescription drug abuse in Montana.

N=411

As with the previous message (which was similar in nature to this one), respondents found this message to be both believable and effective at statistically significant rates. 56.7% (n=233) found this message believable, and 45.2% (n=186) thought this message would be effective at preventing nonmedical use of prescription drugs.



a. Respondents found this message to be believable at a statistically significant rate.

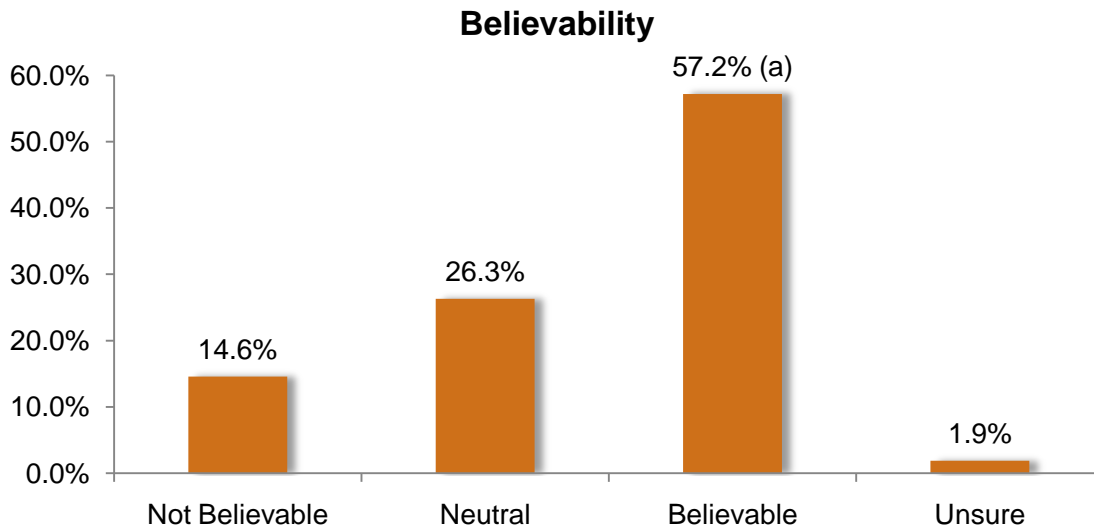


b. Respondents thought that this message would be effective in preventing nonmedical use of prescription drugs at a statistically significant rate.

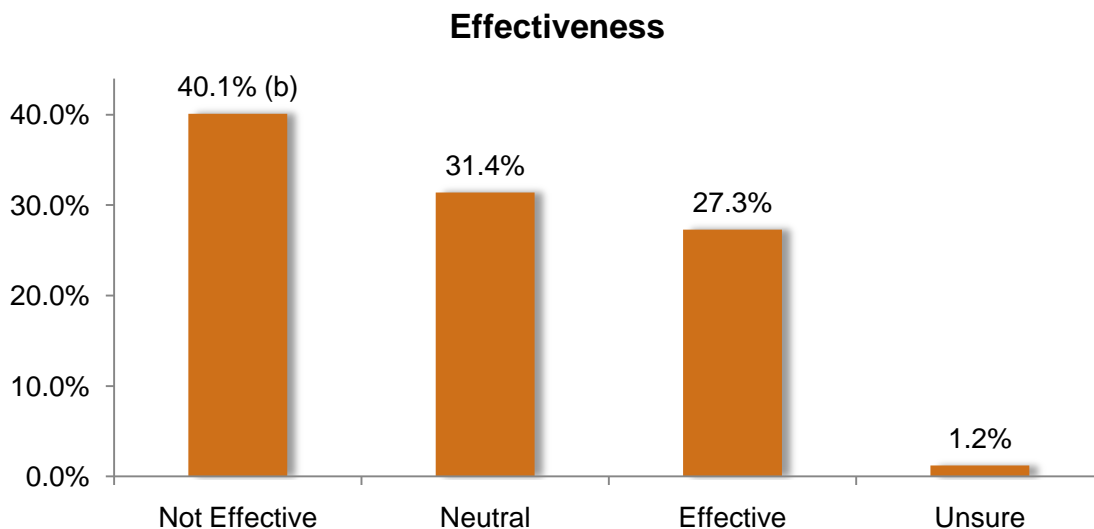
Q13: Prescription drug fraud costs public and private insurers an estimated \$72.5 billion each year.

N=411

While respondents found this message highly believable, they actually thought that it would be quite ineffective at preventing nonmedical use of prescription drugs. 57.2% (n=235) of respondents found the message believable. 40.1% (n=165) thought that the message would be ineffective. This rate is high enough to indicate statistical significance.



a. Respondents found this message to be believable at a statistically significant rate.

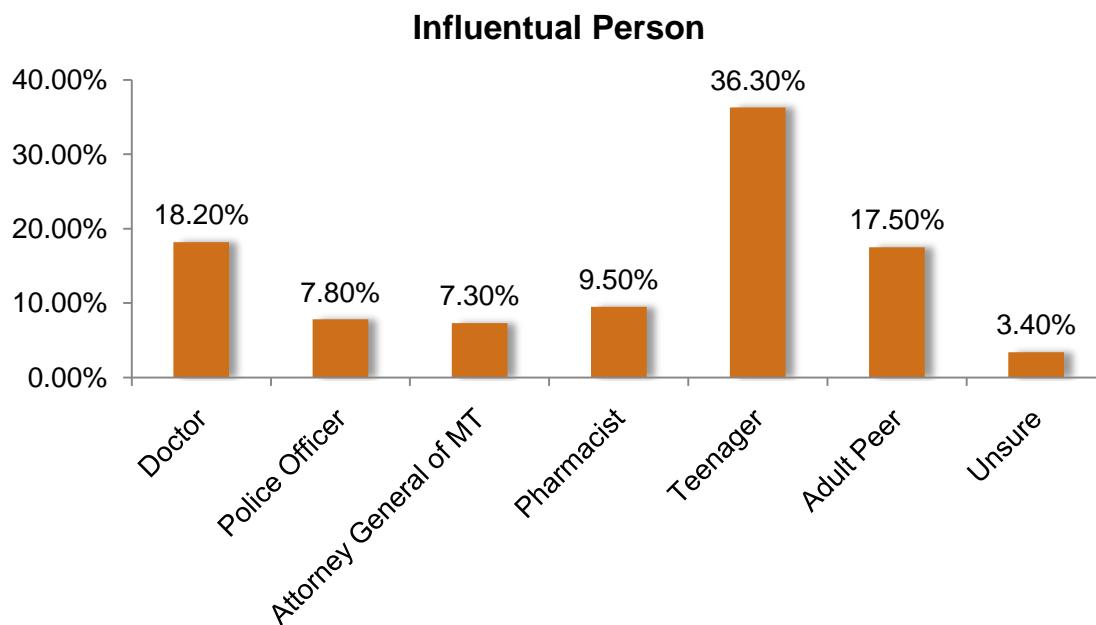


b. Respondents thought that this message would not be effective in preventing nonmedical use of prescription drugs at a statistically significant rate.

Q14: Which of the following would be the most influential person to hear a message from about the problem of nonmedical use of prescription drugs in the state of Montana?

N=411

36.3% (n=149) of respondents stated that they felt a teenager would be the most influential person from which to hear a message about the dangers of nonmedical use of prescription drugs. This could well be influenced by the popular prescription drug abuse commercial by *the Partnership for a Drug Free America* called “All My Pills,” which many respondents reported having seen during the qualitative research. Other popular responses included “doctor” at 18.2% (n=75) and “adult peer” at 17.5% (n=72). Respondents were asked to choose one answer to this question from a prompted list.



SCOPE OF THE PROBLEM REVISITED

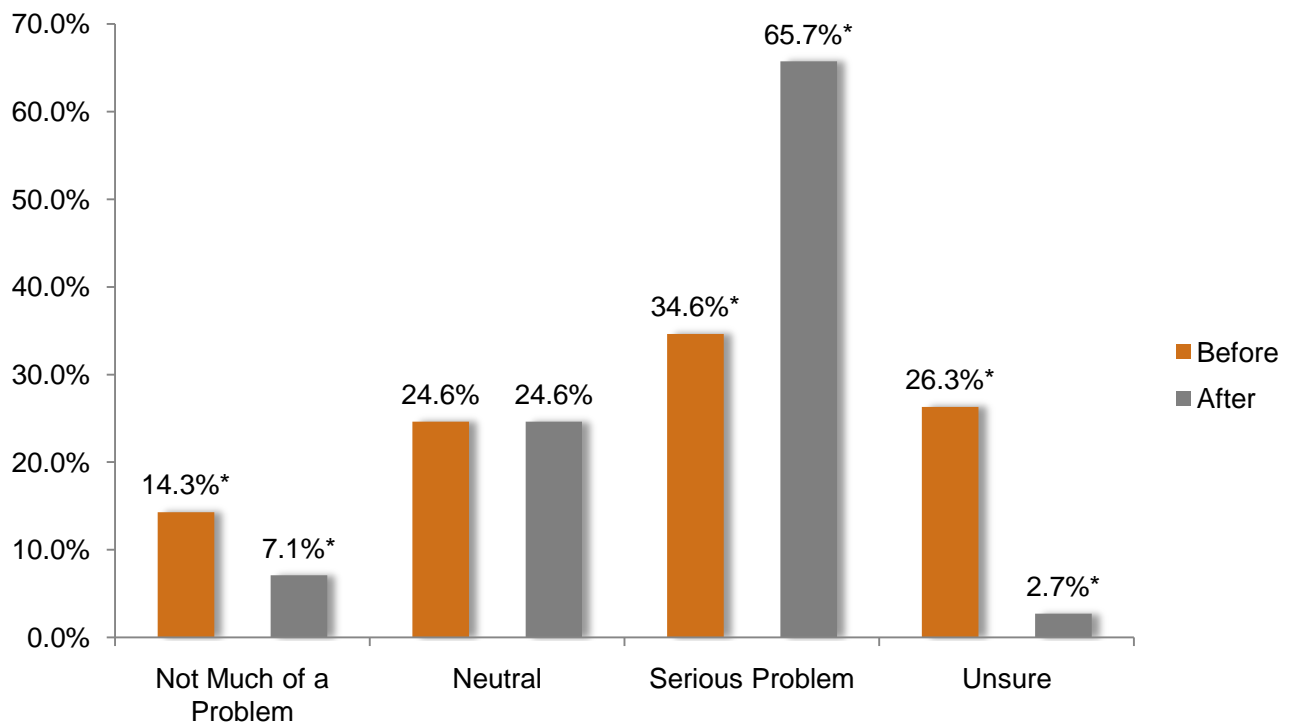
Q15: After hearing some of the facts and statistics that I have mentioned in this interview, how big of a problem do you think the abuse of prescription drugs for nonmedical purposes is in the state of Montana?

NOTE: For the sake of analysis, the interval scale of 1 – 5 used in the question has been coded as nominal data. Answers “1 – 2” are coded as “Not Much of a Problem”; the answer “3” is coded as “Neutral”; answers “4 – 5” are coded as “Large Problem”; all other answers remain the same.

N=411

Based upon the before and after data, it is clear to see that respondents shifted from being unsure of their level of concern and feeling that it is not much of a problem to being quite concerned about the problem of prescription drug abuse after hearing some of the statistics and facts presented during the survey. Notable differences include the increase in the level of “serious problem” answers from 34.6% (n=142) to 65.7% (n=270); a statistically significant increase. Another major and statistically significant change was the decrease in the number of unsure respondents from 26.3% (n=108) to 2.7% (n=11).

Scope of the Problem: Before and After



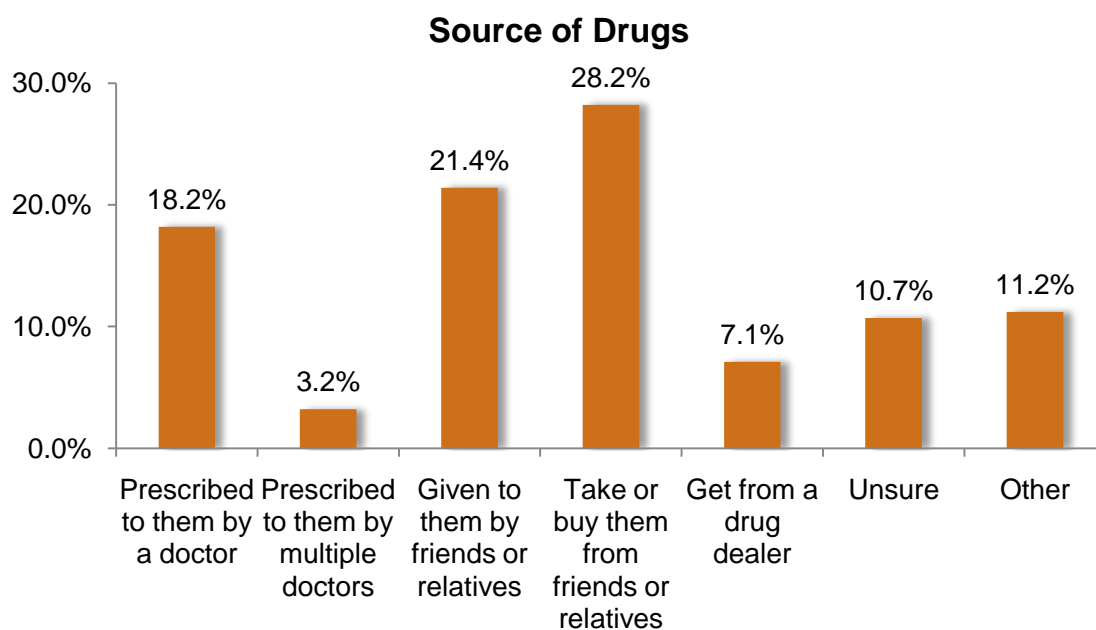
* indicates a statistically significant change in concern between the “before” and “after” data.

SOURCES OF DRUGS

Q16: Where do you think people who abuse prescription medications get these drugs?

N=411

Respondents had a variety of ideas about where people who abuse prescription drugs are getting them. The most common answer was “Take or buy them from friends or relatives” at 28.2% (n=116). This was followed closely by a similar answer, “Given to them by friends or relatives” at 21.4% (n=88). This indicates that the majority of people think nonmedical users get drugs from friends or relatives, whether they are stolen, given or sold. The other popular response was “Prescribed to them by a doctor” at 18.2% (n=75). Respondents chose these answers without any prompting as this was an unaided response question.



Verbatim responses were collected from those that had an idea that did not fit into one of the preset categories (reported above as “other”). Some of the most common verbatim responses included:

- From the medicine cabinet
- Theft/stealing
- Drug store/pharmacy
- Internet
- On the street
- Anywhere they can

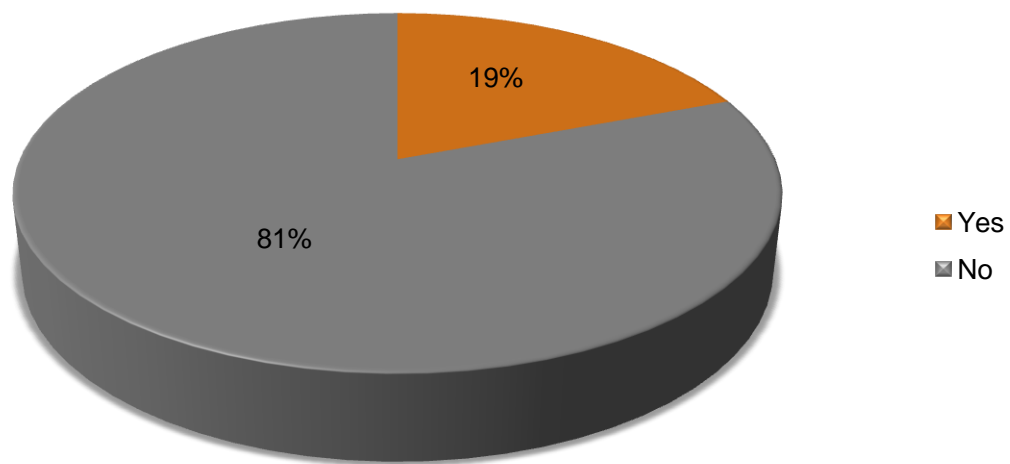
PRESCRIPTION DRUG MONITORING PROGRAMS

Q17: Are you familiar with the concept of a Prescription Drug Monitoring Program (PDMP)

N=411

Only 19% (n=79) respondents were familiar with Prescription Drug Monitoring Programs (PDMPs), indicating a general lack of awareness regarding the program in the state. This lack of awareness could be a contributing factor to past failures in getting such a program adopted in Montana.

Familiarity with PDMP

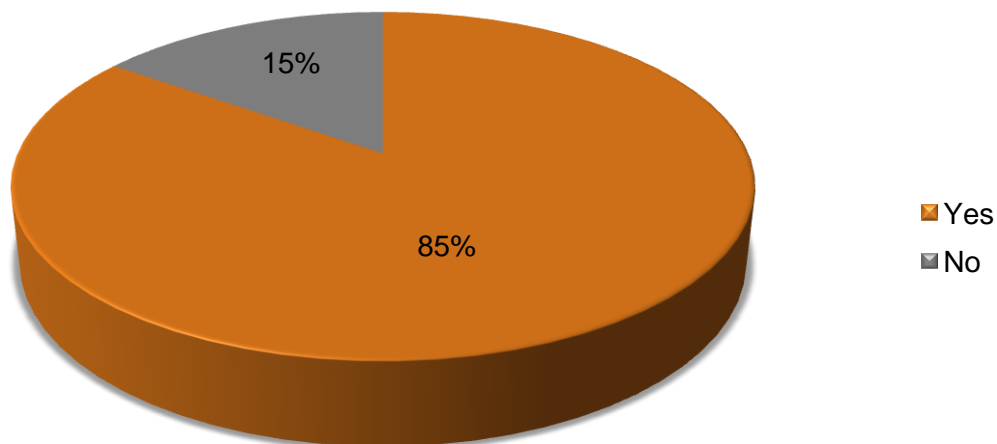


Q17 a: Would you support the adoption of a Prescription Drug Monitoring Program in the state of Montana?

N=79 (Only those who are aware of PDMPs)

Among the respondents who were aware of PDMPs, support was very high at 85% (n=67).

Support amongst those Aware of PDMPs



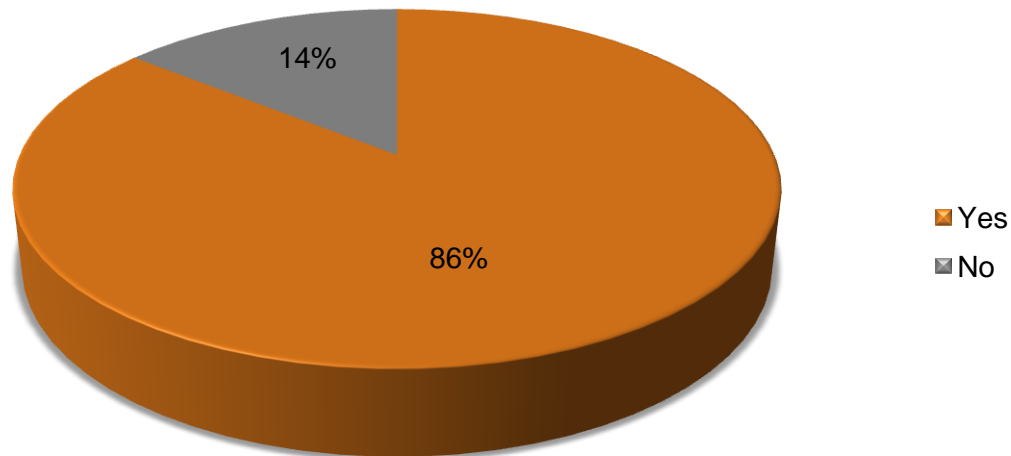
Q17 b: Many people who abuse prescription drugs get them from multiple doctors and pharmacies to prevent detection of the problem; a practice sometimes called “doctor shopping.” A Prescription Drug Monitoring Program is a tool that most other states have begun using to help doctors and pharmacists see what prescription medications their patient is getting, even if another doctor prescribed it. This alerts doctors and pharmacists filling the prescriptions when a patient may have a problem.

Would you support the adoption of a Prescription Drug Monitoring Program in the state of Montana?

N=332 (Only those who were unaware of PDMPs)

Among those who were unaware of PDMPs, support was similarly high at 86% (n=286).

Support amongst those *Unaware* of PDMPs

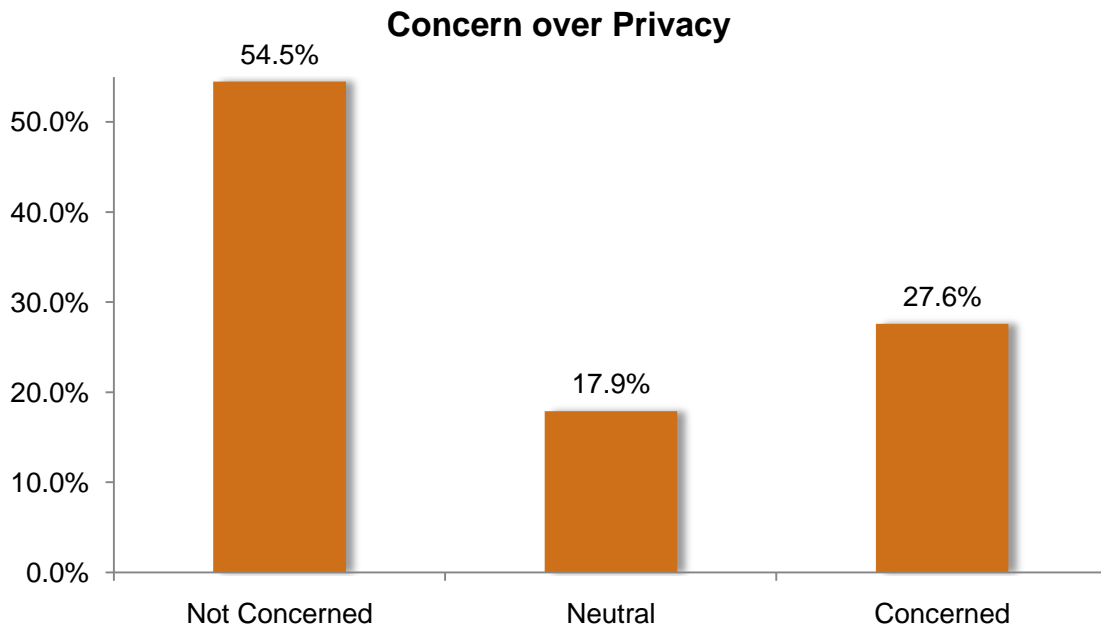


Q17 c: Some people who do not support a Prescription Drug Monitoring Program express concerns about the privacy of personal information. How concerned would you be about privacy of personal information if this program existed?

NOTE: For the sake of analysis, the interval scale of 1 – 5 used in the question has been coded as nominal data. Answers “1 – 2” are coded as “Not Concerned”; the answer “3” is coded as “Neutral”; answers “4 – 5” are coded as “Concerned”; all other answers remain the same.

N=352 (Only those who would support a PDMP, whether they had prior knowledge of PDMPs or not)

Of those who would support a PDMP, the majority at 54.5% (n=192) reported that personal privacy would not be a concern for them. Despite this fact, a significant portion of respondents at 27.6% (n=97) stated that they would be concerned. This indicates that privacy concerns must not be overlooked and should be addressed in any messaging or attempts to pass a PDMP bill in the state of Montana.



WILLINGNESS TO TAKE ACTION

The following willingness to take action questions (Q18 – Q21) were read with the goal of testing the willingness or likeliness of respondents to take certain desired actions in an attempt to combat prescription drug abuse. The questions were read with the following preamble:

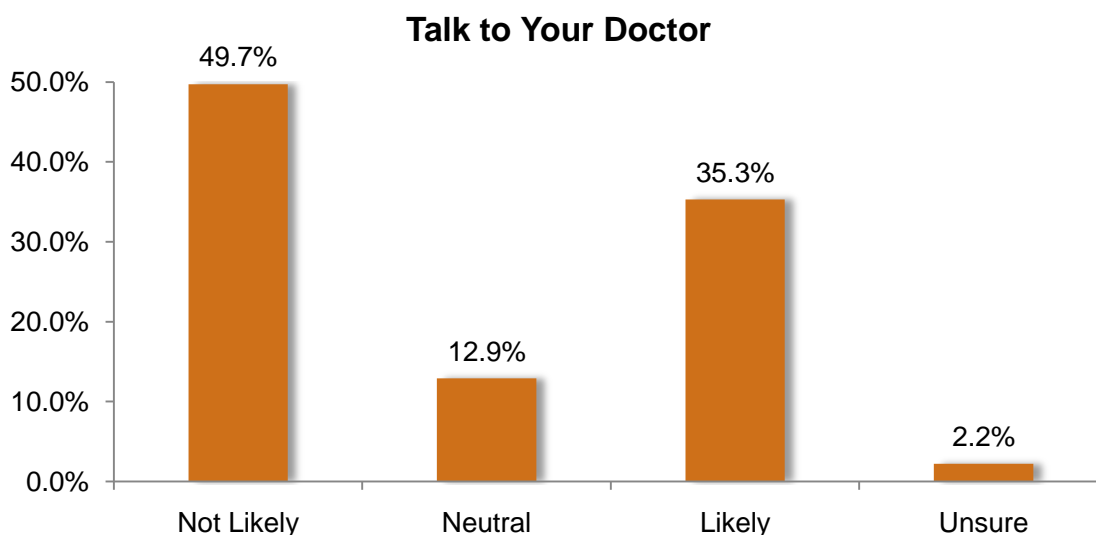
“Keeping in mind the information you have heard throughout this interview, on a scale of 1 – 5 with 5 being extremely likely and 1 being not likely at all, how likely would you be to do the following:

NOTE: For the sake of analysis, the interval scale of 1 – 5 used in the question has been coded as nominal data. Answers “1 – 2” are coded as “Not Likely”; the answer “3” is coded as “Neutral”; answers “4 – 5” are coded as “Likely”; all other answers remain the same.

Q18: How likely would you be to talk to your doctor about the dangers of prescription drugs the next time you receive a prescription?

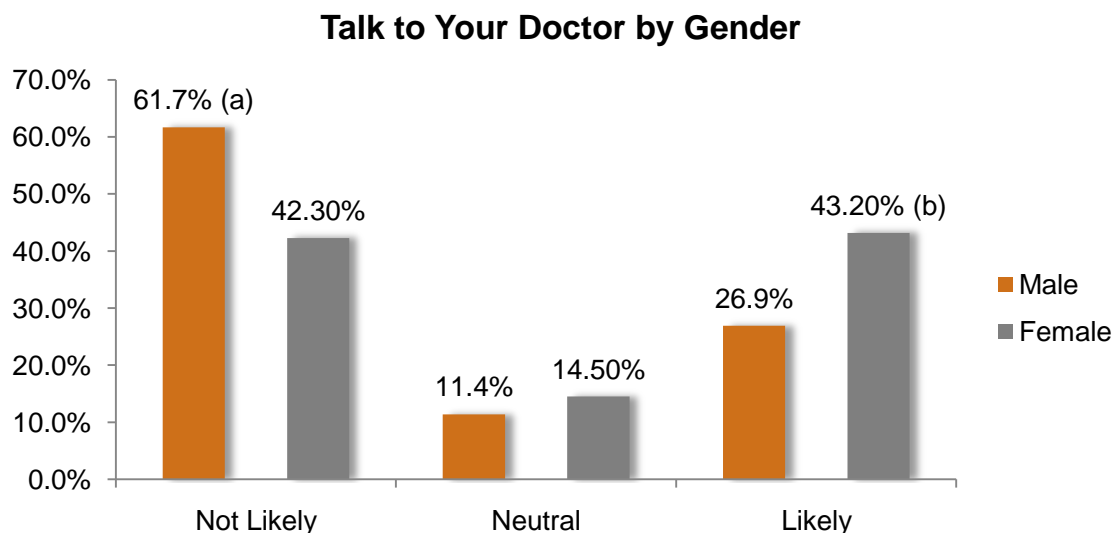
N=411

Almost half of the respondents at 49.7% (n=204) indicated that they would not be likely to talk to their doctor about the dangers of prescription drugs the next time they receive a prescription. Despite this, 35.3% (n=145) stated that they would be likely to do so. The polarization of these results with the small neutral subgroup is difficult to explain and may require further investigation. One explanation for the large amount of “not likely” answers could be a “this won’t happen to me” attitude; therefore people feel like they wouldn’t need to discuss the dangers.



Q 18 Continued: Cross-tabulated against Gender

Another interesting finding from this question is a gender split when it comes to taking action. This gender split is seen across many of the actions in this section. Specifically, when it comes to talking to a doctor, males are statistically less likely to do so than females, whereas females are statistically more likely to do so than males. This again could be linked to a “this won’t happen to me” attitude that may be more prevalent among males.

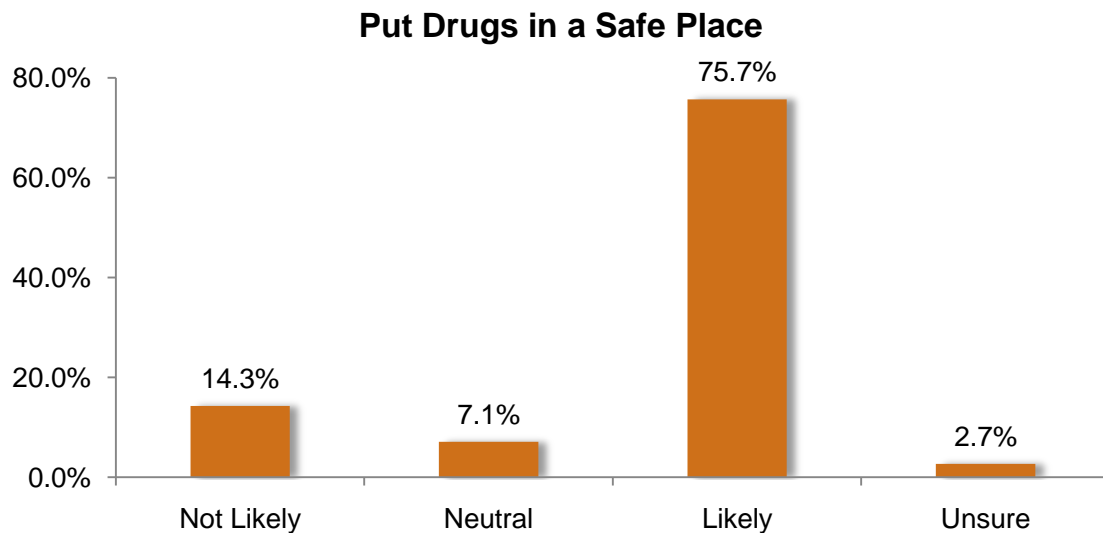


- a. Males are statistically less likely to talk to their doctor about the dangers of prescription drugs than females.
- b. Females are statistically more likely to talk to their doctors about the dangers of prescription drug abuse than males.

Q 19: How likely would you be to put your prescription drugs in a safe and secure place where only you or people with your authority could access them?

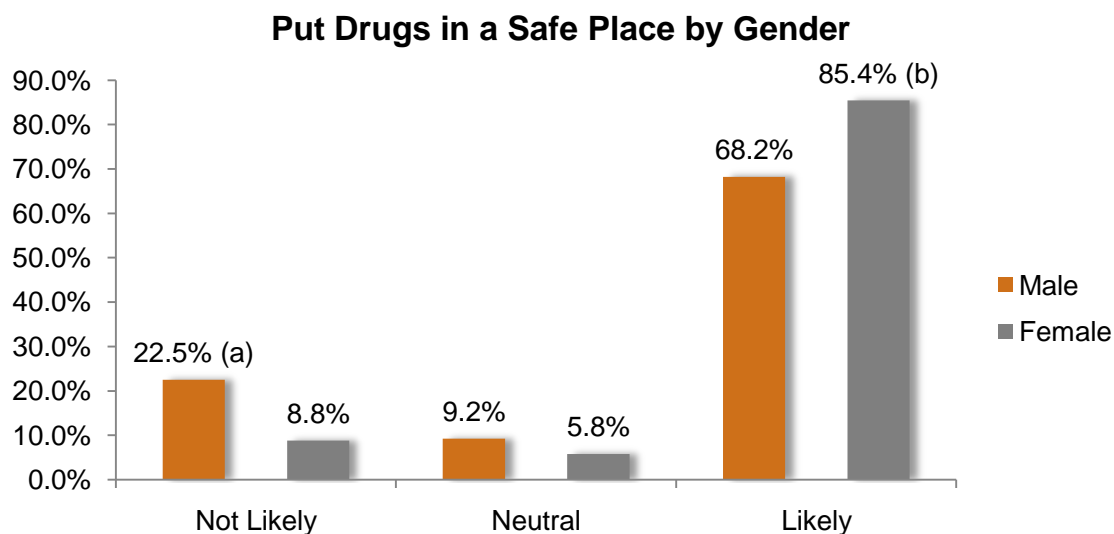
N=410 (one refusal)

Respondents stated that they would be likely to put their drugs in a safe and secure place far more so than not. 75.7% (n=310) stated that they would be likely to do so, whereas only 14.3% (n=59) stated that they wouldn't. This could again play in to the "this won't happen to me" attitude, since locking up prescriptions is a precaution to prevent other people from abusing the substances, whereas talking to a doctor is a precaution to prevent one's self from the dangers.



Q 19 Continued: Cross-tabulated against Gender

As in the previous question, we see a gender split in likelihood of putting drugs in a safe place. While males are statistically less likely to put drugs in a safe place than females, females are statistically more likely to do so than males. With that said, both genders do still show relatively high likelihood of taking this action.

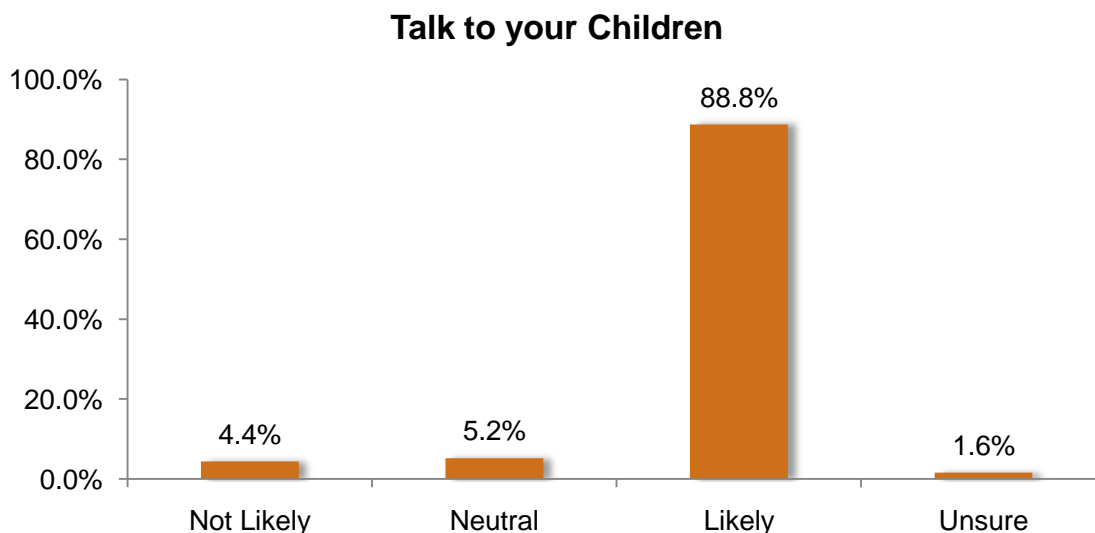


- a. Males are statistically less likely to put prescription drugs in a safe place than females.
- b. Females are statistically more likely to put prescription drugs in a safe place than males.

Q 20: If you have children, how likely would you be to talk to your children about the dangers of prescription drugs?

N=383 (Only respondents with children)

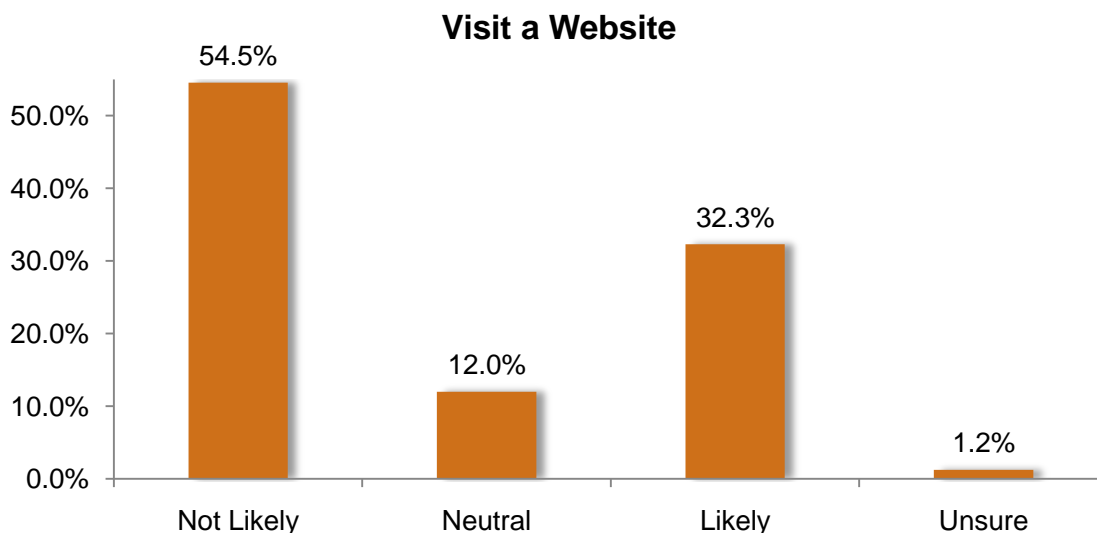
This action had above and beyond the most positive response. 88.8% (n=340) of respondents reported that they would be likely to talk to their children about the dangers of prescription drugs. This could potentially show a higher level of concern for children than for one's self or other adults when it comes to prescription drug abuse. These concerns could potentially be driven by national advertising campaigns, most of which focus on teen abuse, as well as some of the teen specific statistics presented during the survey. Likelihood was similar across all demographic segments, showing equal levels of concern among all subgroups.



Q21: How likely would you be to visit a website to learn more information about the dangers of prescription drugs abuse and how to prevent them?

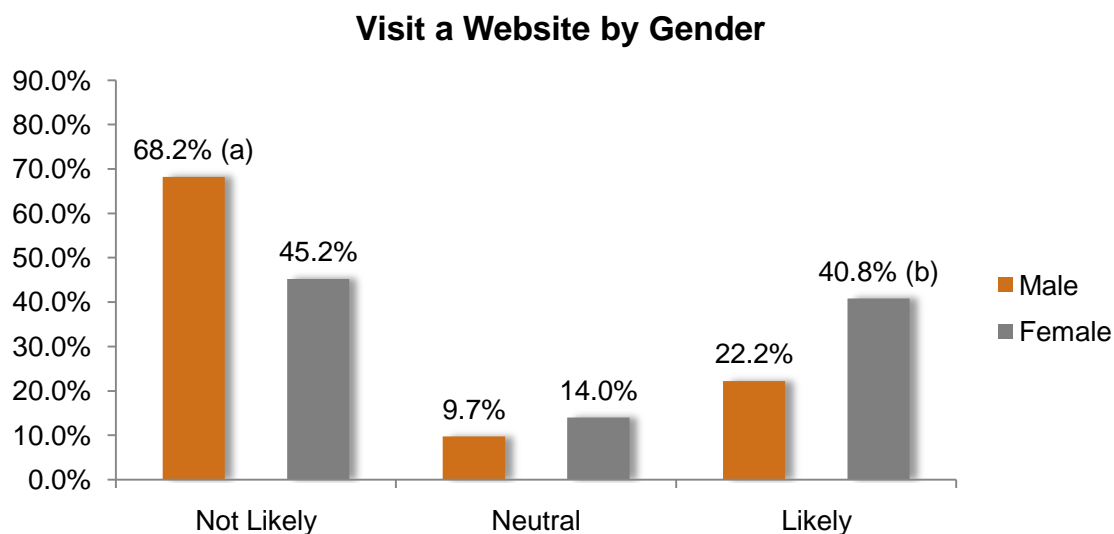
N=409 (two refusals)

As an overall group, respondents were not likely to visit a website to learn more information about the dangers of prescription drug abuse, with 54.5% (n=223) respondents stating that they would not be likely to take this action. However, the 32.3% (n=132) that would be likely is still a good proportion of respondents, especially when the results are broken down by gender, age, and presence of kids.



Q 21 Continued: Cross-tabulated against Gender

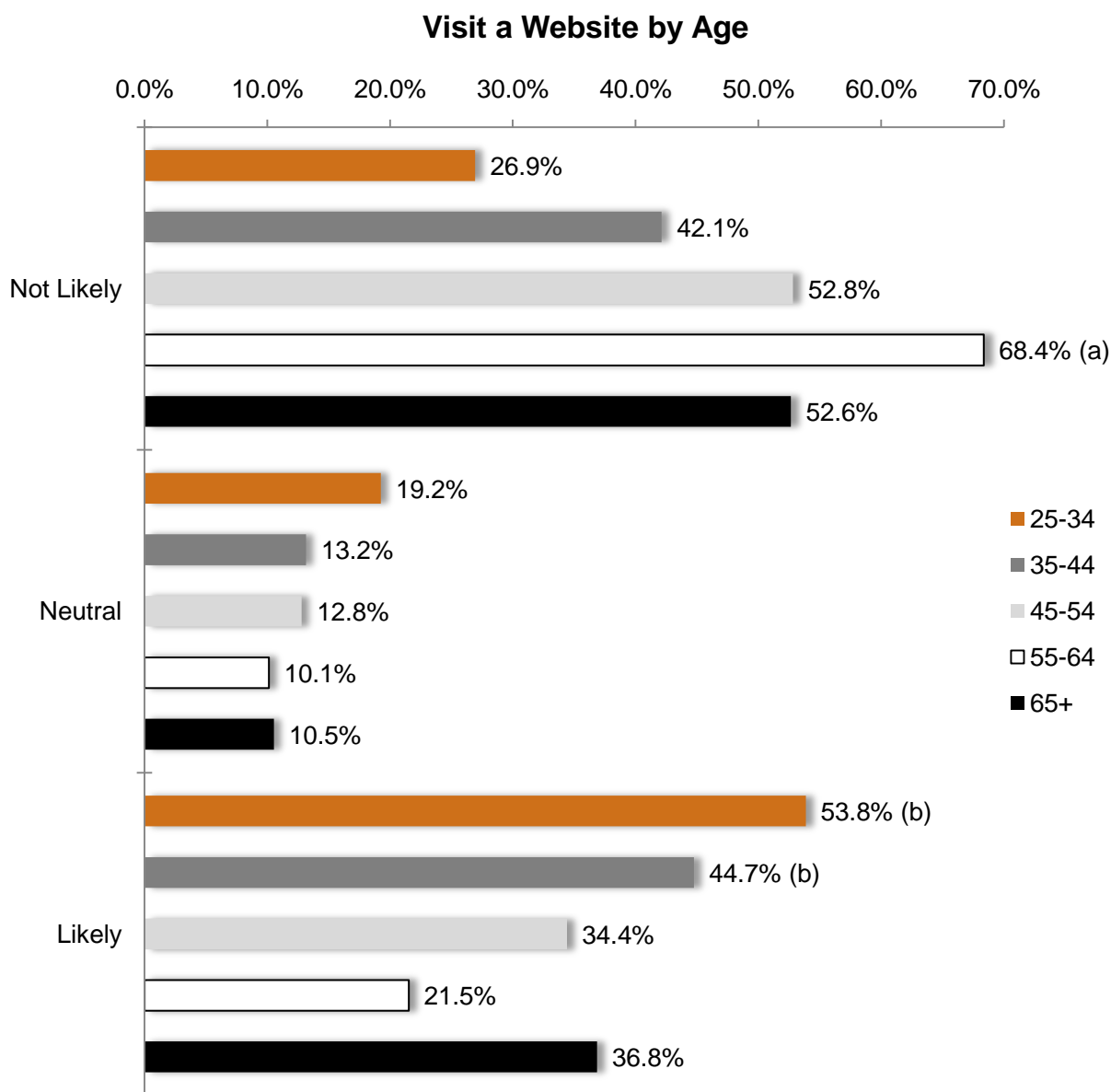
As in previous questions on the topic of taking action, females report statistically higher likelihood of visiting a website than males, while males report statistically lower likelihood than females. While we see a good majority of males stating that they would not be likely to visit a website, females are split relatively evenly between “likely” and “not likely.”



- a. Males are statistically less likely to visit a website to learn more about the dangers of prescription drug abuse than females.
- b. Females are statistically more likely to visit a website to learn more about the dangers of prescription drug abuse than males.

Q 21 Continued: Cross-tabulated against Age

Another interesting finding upon deeper analysis is the differences among age groups. Respondents in the 55 – 64 age group are statistically less likely to visit a website than those in the 25 – 34 and 35 – 44 age groups. The younger age groups, those aged 25 – 44, were statistically more likely to visit a website than the older 55 - 64 age group. This does not come as much of a surprise, as younger populations are typically more technologically savvy and more comfortable using websites and the Internet as a source for information.

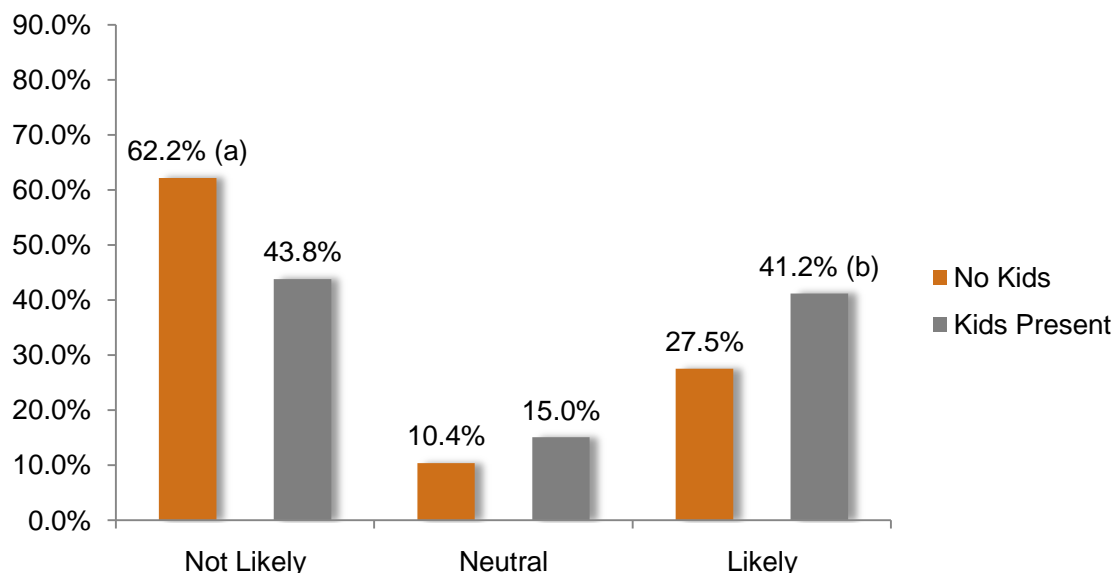


- a. Those aged 55 – 64 are statistically less likely to visit a website to learn more information about the dangers of prescription drug abuse than those aged 25 – 34 and those aged 35 – 44.
- b. Those aged 25 – 34 and those aged 35 – 44 are statistically more likely to visit a website to learn more information about the dangers of prescription drug abuse than those aged 55 – 64.

Q 21 Continued: Cross-tabulated against Presence of Kids

One other interesting finding is the influence of the presence of kids on likelihood of visiting a website. Those with children present in their household are statistically more likely to visit a website, whereas those in household without children are statistically less likely to do so. This could be driven by the same concern for children that was evidenced in the previous question that focused on talking to children about the dangers of prescription drugs. A key learning from this is that any website should have information specifically targeted towards parents on top of any other information.

Visit a Website by Presence of Kids



- a. Respondents without children are statistically less likely to visit a website to learn more about the dangers of prescription drug abuse than respondents with children.
- b. Respondents with children are statistically more likely to visit a website to learn more about the dangers of prescription drug abuse than respondents without children.

FOLLOW-UP QUANTITATIVE RESEARCH

METHODOLOGY

Follow-up research was conducted in the form of one final focus group and 10 in-depth interviews, with the goal of confirming the key findings from the previous stages of qualitative and quantitative research.

The final focus group was conducted in Bozeman on the evening of November 19th. Participants were selected based upon age and gender to give a good representation of the general population. Approximately half of the participants had children.

The final 10 in-depth interviews were conducted between the 23rd and 25th of November. Interviewees were selected based upon age and parental status to give a good representation of the general population.

Both the focus group and the in-depth interviews were focused on the following key findings from the prior research:

- Awareness: How knowledgeable are people about prescription drug abuse and its impacts on society?
- Messaging: Which messages resonate strongly with people and how should the messages be phrased?
- Prescription Drug Monitoring Program (PDMP): How supportive are people of a PDMP and what concerns do they have?

For the moderator guide used for this focus group please see Appendix I. For the interview guide used in these in-depth interviews, please see Appendix J.

KEY FINDINGS

Awareness

Close to half of the respondents in the focus group and almost all respondents in the in-depth interviews stated that they personally know someone who has had a problem with prescription drug abuse. However, in both the focus group and in-depth interviews the majority of respondents felt that the problem of prescription abuse was not on the same level as alcohol abuse or meth.

This confirms the finding that while personal experience with prescription drug abuse is relatively high, the perceived severity of the problem is not as bad as other societal issues such as alcohol abuse and meth use.

Messaging

In both the focus group and in-depth interviews, respondents found the messages comparing prescription related deaths to meth, homicide, and traffic deaths to be strong and effective in comparison to the other messages used throughout this research. When these facts are presented using the terminology “deaths related to prescription drug abuse,” they are deemed to be more effective than when the terminology of “deaths in which prescription drugs were found in the body” is used. Respondents stated that the later terminology is confusing and gives them cause to question the data.

Respondents feel that these particular facts are the strongest, as they compare prescription related deaths to other concrete causes of death such as meth and traffic accidents. Respondents also feel that these facts are effective since they explain the severity of the consequences of prescription drug abuse.

Again, this confirms our findings from the previous stages of research, showing that while other facts do resonate and could work in communication, they will not be as effective as the facts relating deaths from prescription abuse to deaths from homicide, meth, and traffic accidents.

Prescription Drug Monitoring Program (PDMP)

Follow-up focus group and in-depth interview findings regarding the PDMP were also in line with the previous stages of research, showing a low level of awareness for the program but a high level of support. Amongst interviewees, all respondents stated that they would vote for the program, and in the focus group, only one person said they would not vote for the program.

However, many concerns did arise in this stage of research, confirming our finding that privacy and fiduciary concerns must be addressed in order to pass a PDMP in Montana. Yet, despite these concerns, all but one person in the focus group and interviews stated that if these concerns were adequately explained, they would still vote for a PDMP.

In conducting follow-up quantitative research, we were able to validate the findings from both previous stages of research, qualitative and quantitative, as well as being able to confirm that our recommended communication strategy will be effective in raising awareness for the problem of prescription drug abuse and getting the PDMP passed in the state of Montana.

APPENDIXES

APPENDIX A: GENERAL PUBLIC IN-DEPTH INTERVIEW GUIDE

AWARENESS

- Do you think there is a Rx drug abuse problem in our society?
 - How big of a problem do you think it is?
 - How about compared to other problems in our society?
 - Big issues like
 - healthcare reform
 - the economy
 - war in Iraq
 - Drug and alcohol related problems like
 - Compared to drunk driving
 - Compared to alcohol
 - Compared to marijuana
 - Compared to meth, cocaine, speed, “hard drugs”

PERCEPTIONS

- Who do you think is doing it? Who do you think are the users?
 - Who do you think is the most at risk for this problem?
- How do you think they get involved with Rx drugs? How do you think it starts?
- Do you know anyone personally who has had this problem?
 - How many?
- Do you know anyone in your community that has had this problem?
 - How about in the public eye, celebrities, etc?
- How dangerous do you think Rx drugs are?
 - Compared to alcohol
 - Marijuana
 - Meth
- Do you think Rx drugs are easy to get?
 - For kids?
 - For adults?
 - How do you think they get them?

KIDS

- Do you talk to your kids about drugs and alcohol?
 - Do you talk to them specifically about individual drugs?
 - Have you talked to them specifically about Rx drugs?
- Do you have Rx drugs in your house?
 - Where do you keep them?
 - Are they for a current condition or left over from an old prescription?
 - Do you do anything specific to keep them away from your kids?
- How do you think this problem could be solved?

LAWS/GOVERNMENT

- Do you think the government should be doing more to address problems with Rx drugs?
 - Do you think there should be more laws to protect people against abuse?

- Do you think there should be more messaging like PSAs or advertising like the Meth Project?
- Are you familiar with the concept of a Prescription Drug Monitoring Program?
 - What do you know about it?
- A Prescription Drug Monitoring Program is a tool that many states have begun using to help doctors and pharmacists when prescribing or filling prescriptions for their patients. A physician would be able to see what prescription medications their patient is getting, even if another doctor prescribed it. This alerts doctors and pharmacists filling the prescriptions when a patient may have a problem. It would also cut down on the time law enforcement officers spend going to pharmacies and doctors offices individually during investigations of prescription drug cases by centralizing the information they need.
 - Do you think MT should have a program like this?
 - Why yes/no?

FACTS

- So far in 2009, 42% of the Montana Division of Criminal Investigation's cases are related to prescription drug abuse. This number was 7% in 2003.
 - Does this surprise you?
 - How do you feel about this?
- In 2008, there were 13 deaths in Montana associated with meth, 14 associated with homicide, and 321 associated with prescription drugs.
- In Montana over the last 8 years, over 2,000 deaths have been associated with prescription drugs.
- 1 of 5 teenagers have abused Rx drugs (Partnership for a Drug Free America)
- Montana ranks third in the nation for teen abuse of Rx pain relievers. In 2007, 9.6% of MT teens reported abuse of pain relievers over the past year.

MESSAGING

- What do you think people need to know about Rx drug abuse?
- What do you wish they knew?
- If you were in charge of creating an advertisement to explain Rx drug abuse to the public, what would you want to make sure you told them?
- Who do you think would be the most important group of people to talk to?

APPENDIXES

APPENDIX B: HEALTHCARE IN-DEPTH INTERVIEW GUIDE

(Also used as a guide for the expert interview)

AWARENESS

- Do you think there is a Rx drug abuse problem in our society?
 - How big of a problem do you think it is?
 - How about compared to other problems in our society?
 - Big issues like
 - healthcare reform
 - the economy
 - war in Iraq
 - Drug and Alcohol related problems like
 - Compared to drunk driving
 - Compared to alcohol
 - Compared to marijuana
 - Compared to meth, cocaine, speed, “hard drugs”

PERCEPTIONS

- Who do you think is doing it? Who do you think are the users?
 - Who do you think is the most at risk for this problem?
- How do you think they get involved with Rx drugs? How do you think it starts?
- Do you know anyone personally who has had this problem?
 - How many people?
- Do you know of anyone in the community that has had this problem?
 - How about in the public eye, celebrities, etc?
- How dangerous do you think Rx drugs are?
 - Compared to alcohol
 - Marijuana
 - Meth
- Do you think Rx drugs are easy to get?
 - For kids?
 - For adults?
 - How do you think they get them?
 - Where do you think they get them?

HEALTHCARE SPECIFIC

- Do you see / deal with many problems related to Rx drug abuse?
 - What kinds of problems?
 - Who are you generally dealing with? Specific demo/psychographics?
 - What is the course of action that you generally take?
- What suggestions do you have for the Montana Department of Justice to help it handle the problem of Rx drug abuse and Rx drug related problems?
- Are or did you receive any kind of training to identify and combat Rx drug abuse, addiction, drug seeking behavior, etc.?
- Do you think that you should be trained specifically on this issue?

LAWS / GOVERNMENT

- Do you think the government should be doing more to address problems with Rx drugs?
 - Do you think there should be more laws to protect people against abuse?
 - Do you think there should be more messaging like PSAs or advertising like the Meth Project?
- Are you familiar with the concept of a Prescription Drug Monitoring Program?
 - What do you know about it?
- A Prescription Drug Monitoring Program is a tool that many states have begun using to help doctors and pharmacists when prescribing or filling prescriptions for their patients. A physician would be able to see what prescription medications their patient is getting, even if another doctor prescribed it. This alerts doctors and pharmacists filling the prescriptions when a patient may have a problem. It would also cut down on the time law enforcement officers spend going to pharmacies and doctors offices individually during investigations of prescription drug cases by centralizing the information they need.
 - Do you think MT should have a program like this?
 - Why yes/no?

FACTS

- So far in 2009, 42% of the Montana Division of Criminal Investigation's cases are related to prescription drug abuse. This number was 7% in 2003.
 - Does this surprise you?
 - How do you feel about this?
- In 2008, there were 13 deaths in Montana associated with meth, 14 associated with homicide, 227 traffic related deaths, and 321 associated with prescription drugs.
- In Montana over the last 8 years, over 2,000 deaths have been associated with prescription drugs.
- 1 of 5 teenagers have abused Rx drugs (Partnership for a Drug Free America)
- Montana ranks third in the nation for teen abuse of prescription pain relievers. In 2007, 9.6% of MT teens reported abuse of pain relievers over the past year.

MESSAGING

- What do you think people need to know about Rx drug abuse? What do you wish they knew?
- If you were in charge of creating an advertisement to explain Rx drug abuse to the public, what would you want to make sure you told them?
- Who do you think would be the most important group of people to talk to?

APPENDIXES

APPENDIX C: TEEN AND COLLEGE IN-DEPTH INTERVIEW GUIDE

AWARENESS

- What types of drugs do you think kids at your school are doing?
 - Which of these do you think are the most popular?
 - Which of these do you think are the most dangerous?
- Do you think that kids are using prescription drugs like painkillers and anti-depressants such as OxyContin, Vicodin or Percs to get high?
 - How popular do you think these Rx drugs are?
 - Compared to alcohol?
 - Marijuana?
 - Cocaine?
 - Meth?
- Do you think prescription drug abuse is a problem in your school?
 - If you had to guess what percentage of kids at your school use Rx drugs to get high, what would you guess?

PERCEPTIONS

- Who do you think is doing it? Who do you think are the users? Specific groups of kids?
 - Who do you think is the most at risk for this problem?
- Why do you think kids are using Rx drugs?
 - Party drug?
 - To experiment?
 - Be cool/peer pressure?
 - To perform better in school/to concentrate?
 - To relax?
 - Because they are safer than other drugs?
- Do you think kids would choose to do Rx drugs over other drugs like meth or cocaine?
 - Why or why not?
- How do you think they get involved with Rx drugs? How do you think it starts?
- Do kids use Rx drugs once or habitually?
- Do kids that do Rx drugs do other drugs?
 - Which ones?
- Do you know anyone personally who has had this problem?
 - Peers?
 - Adults?
 - How about in the public eye, celebrities, etc?
- How dangerous do you think Rx drugs are?
 - Compared to alcohol
 - what about drunk driving?
 - Marijuana
 - Meth
- Do you think Rx drugs are easy to get?
 - For your teenage peers?
 - For adults?

- How do you think they get them?
- Could you get Rx drugs if you wanted to? Where?

EDUCATION / GOVERNMENT / PARENTS

- Do your parents talk to you about drugs and alcohol?
 - Do they talk to you specifically about certain drugs? Which ones?
 - Do they talk to you specifically about Rx drugs?
- Does talking to your parents or knowing what they think about drugs and alcohol make you more or less likely to follow their expectations?
- Does your school do anything to educate you about the dangers of Rx drugs?
 - Do you think that your school should be doing anything/more?
- Do you think the government should be doing more to address problems with Rx drugs?
 - Do you think there should be more messaging like PSAs or advertising like the Meth Project?
- Would any of these things impact your personal choices?

FACTS – get reactions, thoughts about facts

- 1 in 5 teens have abused Rx drugs
- After marijuana, Rx drugs are the most common type of drug tried by teens
- So far in 2009, 42% of the Montana Division of Criminal Investigation's cases are related to prescription drug abuse. This number was 7% in 2003
- In 2008, there were 13 deaths in Montana associated with meth, 14 associated with homicide, 227 traffic-related deaths, and 321 associated with prescription drugs

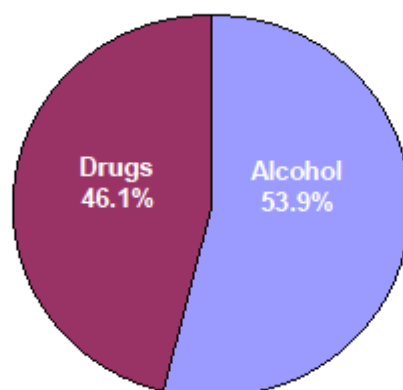
MESSAGING

- What do you think people need to know about Rx drug abuse?
- What do you wish they knew?
- If you were in charge of creating an advertisement to explain Rx drug abuse to the public, what would you want to make sure you told them?
- Who do you think would be the most important group of people to talk to?

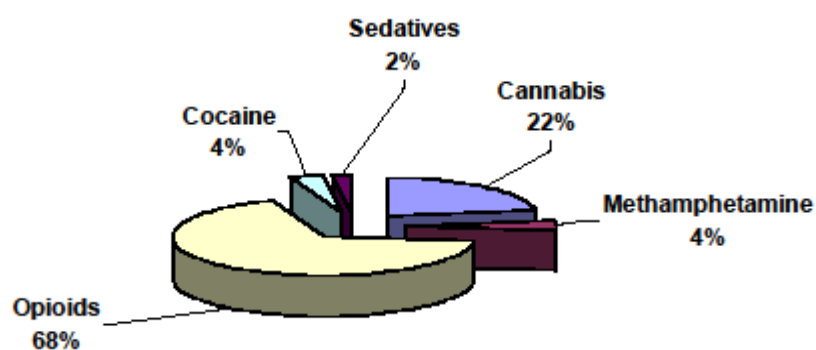
APPENDIXES

APPENDIX D: RIMROCK FOUNDATION TREATMENT INFORMATION

2008 PREVALENCE OF DRUGS OF CHOICE IN ADULT TREATMENT POPULATION

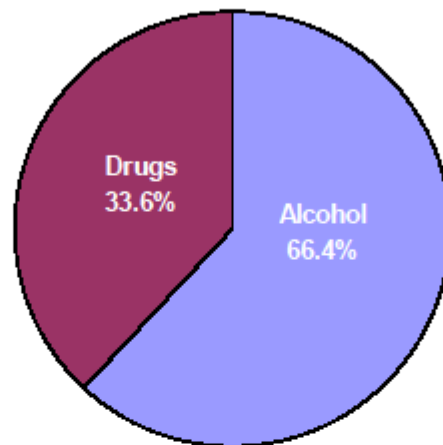


2008 NON-ALCOHOL SUBSTANCES OF CHOICE IN ADULT TREATMENT POPULATION

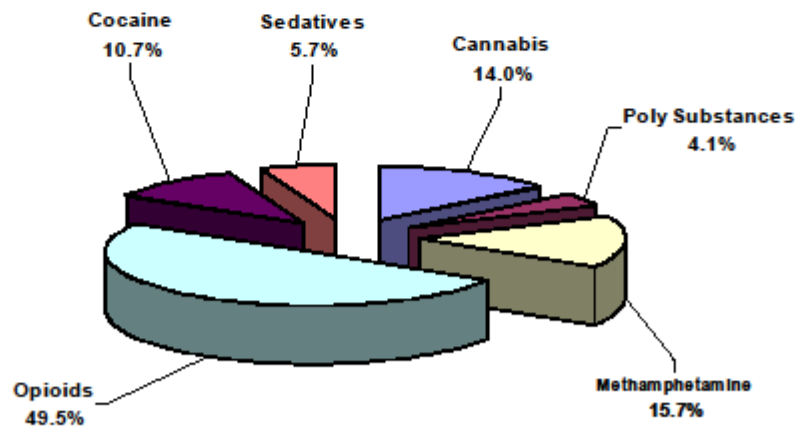


Opioids are clearly our newest epidemic!

2007
PREVALENCE OF DRUGS OF CHOICE
IN ADULT TREATMENT POPULATION

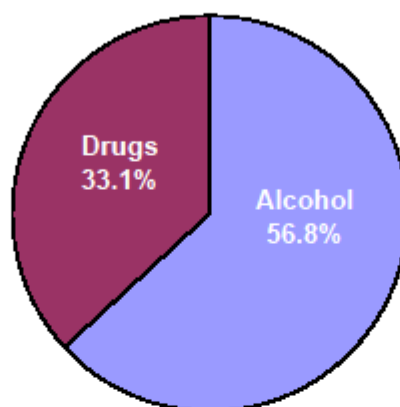


2007
NON-ALCOHOL SUBSTANCES OF CHOICE
IN ADULT TREATMENT POPULATION

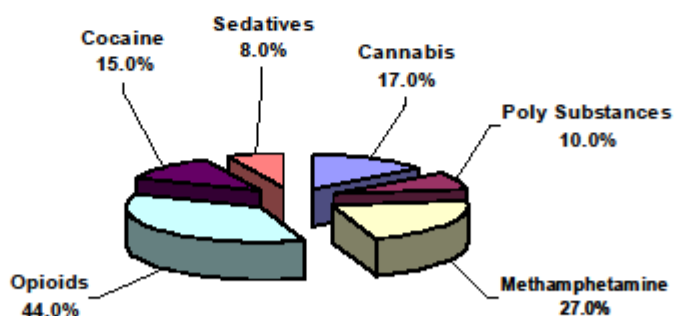


Opioid use is rapidly replacing methamphetamine as a top drug of choice.

2006
PREVALENCE OF DRUGS OF CHOICE
IN ADULT POPULATIONS



2006
NON-ALCOHOL SUBSTANCES
PRIMARY DRUGS OF CHOICE:
IN ADULT TREATMENT POPULATION



Opioid use is increasing dramatically which may reflect our reputation for buprenorphine-certified physicians who can assist with Detox for these patients.

APPENDIXES

APPENDIX E: FOCUS GROUP MODERATOR'S GUIDE

Discussion Guide: Rx Drug Abuse Focus Groups

Introduction

- Thank you for coming
- Introduce yourself: name, where from, what you do, age of kids.
- Has anyone participated in a focus group before?
- Focus groups are easy: Just tell us what you think.
- Rules. Likely to be some disagreements. That's OK, and to be expected. Let the other person finish and then jump in and express your point of view.
- We will be discussing a serious topic tonight. But the most important rule: Relax and enjoy and tell us what you really think.
- We are audio recording the session. Powerful mics. Please don't tap pens or rustle papers etc.
- Also, video recording. For internal purposes only. You won't see yourself on CNN later tonight.
- There are some people behind the mirror. Let's wave to them. Once in a while they may have a burning question and may bring in a piece of paper.
- Sponsor: We will tell you at end. Don't want to influence your responses.
- Write your name on your booklet.

Our topic tonight: Prescription Drug Abuse.

Awareness

- Are you aware that some people abuse prescription drugs?
- Can you think of anyone who has—perhaps someone in public life?
- What are some of the drugs that people abuse?
- Let's make a list of some of them. (hydrocodone, OxyContin, valium, Percocet, Ritalin, fentanyl)
- I would like to pass out a form (ranking sheet): Rank drugs in the list in order of danger, the most dangerous at the top and the next most dangerous etc. all the way to the least dangerous.
- How big a problem is this in Montana—people using prescription drugs that are not prescribed for them? Or that were prescribed but they are using them for nonmedical reasons?
- Does anyone know anyone personally who has had a problem with prescription drugs?
- Who is most likely to abuse prescription drugs? (adults, teens, older adults/ elderly, other).
- Have you seen newspaper stories in Montana about people here getting into trouble with prescription drugs?
- Is this as big a problem as alcohol abuse?
- How does it compare to street drugs like cocaine, meth, or heroine?
- Let's see what you said was the most serious. Next. (Write these down).
- What are some of the side effects of prescription drugs when not used as directed by a doctor?
- One a scale of 1 to 10—10 being the most—how dangerous are prescription drugs if not used as directed by a doctor?
- What are the dangers?
 - Are any dangerous overstated?

Concern

- Does prescription drug abuse and nonmedical use of prescription drugs concern you?
 - What are your major concerns?
- Would you be concerned about taking a prescription drug that has the potential to be abused?
 - Worried about getting addicted?
 - Someone you know getting addicted?
- Are you concerned that your children might be exposed to prescription drugs? Taking them?
- Do you ever discuss the dangers of prescription drug abuse with your children? With friends you think might be in danger?

Messaging

- If you could only tell people one thing about the dangers of prescription drug abuse, what would it be?
- Second message?
- I'd like to show you some ads on prescription drug abuse and get your reaction.
 - TV - Drug Dealer Testimonial
 - TV - All My Pills
 - TV - Not In My House
 - TV – Wisconsin DOJ
 - TV – Lock it Up
 - PRINT - Alley
 - PRINT - Line Up
 - PRINT – Cocaine
- What would be an effective message for adults with kids?
 - Kids?
 - Adults who aren't parents?

Facts

- Prescription drug fraud costs public and private insurers an estimated \$72.5 billion each year.
- Among insured populations, opioid abusers averaged annual healthcare costs 8 times higher than non-abusers.
- So far in 2009, 42% of the Department of Justice–Division of Criminal Investigation's cases were related to prescription drug abuse. This number was 7% in 2003.
- More teens abuse prescription drugs than any illicit drug except marijuana.
- 1 in 5 teens report having abused prescription drugs.
- Montana ranks third in the nation for teen abuse of prescription pain relievers. In 2007, 9.6% of MT teens reported abuse of pain relievers over the past year.
- Montana had 227 traffic related deaths and 321 prescription drug-related deaths in 2008.

Revisit Concern & Messaging

- Now that you have seen these messages and heard these facts, has your level of concern changed?
- What makes you the most concerned?
- Who are you the most concerned about?
 - Adults
 - Teens
 - Athletes
 - Elderly friends and relatives
 - Someone else

- Is the state government doing enough to warn people about this problem?
- Many adult prescription drug abusers shop doctors to get multiple prescriptions. Most states have a program to monitor who gets prescriptions for drugs that can be abused—but not Montana. Would you support such a program here?

Resources

- After hearing these facts and seeing these ads, what resources would be most helpful for you?
- What would you be most inclined to actually use?
 - **Community meeting** with law enforcement, schools, community leaders, parents, and health professionals
 - **Prescription drug take-back day** in your community
 - General information **brochure**
 - **Website**
 - **Guide on talking to your kids** about appropriate prescription drug use
 - **Addiction/ treatment information**

APPENDICES

APPENDIX F: SUBSTANCE RANKING EXERCISE

Substance Ranking Exercise

Please order the substances listed below from most dangerous to least dangerous by placing them on the grid to the right of the names. Substances at the top of the list are the most dangerous. Substances at the bottom of the list are the least dangerous.

	Most Dangerous
Alcohol	
Xanax (Anti-anxiety)	
Ecstasy	
Heroin	
Ritalin (ADD treatment)	
Valium (Anti-anxiety)	
Marijuana	
LSD (Acid)	
OxyContin (Painkiller)	
Percocet (Painkiller)	
Methamphetamine (Crystal Meth)	
Cocaine	
Vicodin (Painkiller)	
	Least Dangerous

APPENDIXES

APPENDIX G: QUANTITATIVE SURVEY SCRIPT

My name is _____ and I work for M+M Research in Bozeman, MT. We are doing a research project about substance abuse in the state of Montana, and we would appreciate it if we could have 8 minutes to get your thoughts. Are you willing to take this quick survey?

Yes_Continue

No_Terminate

Thank you. Before we start please note that any information you disclose in this survey is completely confidential. Your answers will be 100% anonymous and no personally identifying data will be collected.

1. Are you between the ages of 25 and 70 and a resident of the state of Montana?

- a. Yes
- b. No **(Terminate)**

2. Record gender without asking

- a. Male
- b. Female

3. What is your age?

- a. Code numerically

4. What county do you live in?

- a. ANACONDA-DEER LODGE
- b. BEAVERHEAD
- c. BIG HORN
- d. BLAINE
- e. BROADWATER
- f. BUTTE SILVER BOW
- g. CARBON
- h. CARTER
- i. CASCADE
- j. CHOUTEAU
- k. CUSTER
- l. DANIELS
- m. DAWSON
- n. FALLON
- o. FERGUS
- p. FLATHEAD
- q. GALLATIN
- r. GARFIELD

- s. GLACIER
- t. GOLDEN VALLEY
- u. GRANITE
- v. HILL
- w. JEFFERSON
- x. JUDITH BASIN
- y. LAKE
- z. LEWIS & CLARK
- aa. LIBERTY
- bb. LINCOLN
- cc. MADISON
- dd. McCONE
- ee. MEAGHER
- ff. MINERAL
- gg. MISSOULA
- hh. MUSSELSHELL
- ii. PARK
- jj. PETROLEUM
- kk. PHILLIPS
- ll. PONDERA

- mm. POWDER RIVER
- nn. POWELL
- oo. PRAIRIE
- pp. RAVALLI
- qq. RICHLAND
- rr. ROOSEVELT
- ss. ROSEBUD
- tt. SANDERS
- uu. SHERIDAN
- vv. STILLWATER
- ww. SWEET GRASS
- xx. TETON
- yy. TOOLE
- zz. TREASURE
- aaa. VALLEY
- bbb. WHEATLAND
- ccc. WIBAUX
- ddd. YELLOWSTONE
- eee. Other
- fff. Refused

5. What is your annual household income?
- a. Under \$10k
 - b. \$10,000 - \$19,999
 - c. \$20,000 - \$29,999
 - d. \$30,000 - \$39,999
 - e. \$40,000 - \$49,999
 - f. \$50,000 - \$59,999
 - g. \$60,000 - \$69,999
 - h. \$70,000 - \$79,999
 - i. \$80,000 - \$89,999
 - j. \$90,000 - \$99,999
 - k. \$100,000+
 - l. Don't know/unsure
 - m. Refused
6. How many children under the age of 18 live in your household?
- a. Code numerically
7. Which of the following commonly abused substances do you think causes the most problems in your community?

Please Read:

- a. **Alcohol**
- b. **Marijuana**
- c. **Meth**
- d. **Prescription drugs**
- e. **Cocaine**
- f. **Heroin**
- g. **Other**

Throughout this interview, we will talk about nonmedical use of prescription drugs. Nonmedical use of prescription drugs refers to the use of prescription drugs such as pain relievers, sedatives and stimulants for recreational use or for uses other than for which the drug was first prescribed.

8. On a scale of 1 – 5, with 5 being a very serious problem and 1 being not a problem at all, how big of a problem is nonmedical use of prescription drugs in Montana?
- a. Code 1 - 5
 - b. Don't know/unsure
 - c. Refused
9. Do you personally know anyone who has had problems with nonmedical use of prescription drugs?
- a. Yes (**Ask 9 a.**)
 - b. No
 - c. Don't know/unsure
 - d. Refused

9 a. What relation is that person to you?

Please Read

- a. Immediate family member (mother, father, daughter, son)**
- b. Other relative (aunt, uncle, cousin, niece, nephew)**
- c. Friend or colleague**
- d. Self**
- e. Other (Do Not Read)

10. Keeping in mind that this survey is 100% confidential, have you, in the past 30 days, used any type of prescription pain reliever, sedative, tranquilizer, or stimulant such as hydrocodone, OxyContin, Ritalin, valium, Percocet, or fentanyl that was not prescribed to you or that you took only for the experience or feeling it caused?

- a. Yes (**Ask 10 a.**)
- b. No
- c. Don't know/other
- d. Refused

10 a. Where did you obtain the substance? Was it...

Please Read

- a. Prescribed to you by one doctor**
- b. Prescribed to you by more than one doctor**
- c. Free from a friend or relative**
- d. Bought or taken from a friend or relative**
- e. Other (Do Not Read)
- f. Don't know/other (Do Not Read)
- g. Refused (Do Not Read)

11. How dangerous on a scale of 1 – 5 is the nonmedical use of prescription drugs such as OxyContin, Xanax, Vicodin or Adderall?

- a. Code 1 – 5
- b. Don't know substance/unsure
- c. Refused

12. Do you think the use of street drugs like heroin, meth and cocaine is more, less, or equally as dangerous as nonmedical use of prescription drugs like OxyContin, Xanax, Vicodin or Adderall?

- a. More
- b. Less
- c. Equal
- d. Don't know/unsure
- e. Refused

13. How severe do you think the legal consequences of prescriptions drug abuse are in the state of Montana? Please answer on a scale of 1 – 5, with 5 being very severe and 1 being not at all severe.

- a. Code 1 - 5
- b. Don't know/unsure

14. Have you ever seen any advertising or public messaging warning you about the dangers of nonmedical use of prescription drugs?

- a. Yes (**Ask 14 a.**)
- b. No
- c. Don't know/unsure

14 (a) Did you feel that the advertising was effective?

- a. Yes
- b. No
- c. Don't know/unsure

Now I am going to read you a series of facts, statistics and messages about prescription drug abuse. Each of these statements could potentially be the key message in an advertisement aimed at preventing nonmedical use of prescription drugs. Please listen to the statement then answer the following questions keeping in mind that you would see or hear this statement in a television, print or radio advertisement.

15. When not used as directed by your doctor, prescription drugs can be just as addicting as heroin, meth or cocaine.

(a) On a scale of 1 – 5, with 5 being highly believable and 1 being not at all believable, how believable is this message?

- a. Code 1 - 5
- b. Don't know/unsure

(b) On a scale of 1 – 5 with 5 being highly effective and 1 being not at all effective, how effective do you think this message would be at preventing nonmedical use of prescription drugs?

- a. Code 1 - 5
- b. Don't know/unsure

16. Montana ranks third in the nation for teen abuse of prescription pain relievers. About 1 in 10 Montana teens abuse these substances.

(a) On a scale of 1 – 5, with 5 being highly believable and 1 being not at all believable, how believable is this message?

- a. Code 1 – 5
- b. Don't know/unsure

(b) On a scale of 1 – 5 with 5 being highly effective and 1 being not at all effective, how effective do you think this message would be at preventing nonmedical use of prescription drugs?

- a. Code 1 - 5
- b. Don't know/unsure

17. In 2008, there were 227 deaths related to traffic accidents and 321 deaths related to prescription drug abuse in Montana.

(a) On a scale of 1 – 5, with 5 being highly believable and 1 being not at all believable, how believable is this message?

- a. Code 1 - 5
- b. Don't know/unsure

(b) On a scale of 1 – 5 with 5 being highly effective and 1 being not at all effective, how effective do you think this message would be at preventing nonmedical use of prescription drugs?

- a. Code 1 - 5
- b. Don't know/unsure

18. In 2008, there were 13 deaths related to meth, 14 deaths related to homicide, and 321 deaths related to prescription drug abuse in Montana.

(a) On a scale of 1 – 5, with 5 being highly believable and 1 being not at all believable, how believable is this message?

- a. Code 1 - 5
- b. Don't know/unsure

(b) On a scale of 1 – 5 with 5 being highly effective and 1 being not at all effective, how effective do you think this message would be at preventing nonmedical use of prescription drugs?

- a. Code 1 - 5
- b. Don't know/unsure

19. Prescription drug fraud costs public and private insurers an estimated \$72.5 billion each year.

(a) On a scale of 1 – 5, with 5 being highly believable and 1 being not at all believable, how believable is this message?

- a. Code 1 - 5
- b. Don't know/unsure

(b) On a scale of 1 – 5 with 5 being highly effective and 1 being not at all effective, how effective do you think this message would be at preventing nonmedical use of prescription drugs?

- a. Code 1 - 5
- b. Don't know/unsure

20. Which of the following would be the most influential person to hear a message from about the problem of nonmedical use of prescription drugs in the state of Montana?

Please Read

- a. **A doctor**
- b. **A police officer**
- c. **The Attorney General of the State of Montana**
- d. **A pharmacist**
- e. **A teenager**
- f. **An adult peer**
- g. Don't know/unsure (Do Not Read)

21. After hearing some of the facts and statistics that I have mentioned in this interview, how big of a problem do you think the abuse of prescription drugs for nonmedical purposes is in the state of Montana. Please answer on a scale of 1 – 5, with 1 being not a problem and 5 being an epidemic problem?
- Code 1 - 5
 - Don't know/unsure
 - Refused
22. Where do you think people who abuse prescription medications get these drugs?
- Prescribed to them by a doctor
 - Prescribed to them by multiple doctors
 - Given to them by friends or relatives
 - Take or buy them from friends or relatives
 - Get from a drug dealer
 - Don't know/unsure
 - Other
23. Are you familiar with the concept of a Prescription Drug Monitoring Program?
- Yes **(Ask 23 a.)**
 - No **(Ask 23 b.)**
- 23 (a) Would you support the adoption of a Prescription Drug Monitoring Program in the state of Montana?
- Yes **(Ask 23 c.)**
 - No
- 23 (b) Many people who abuse prescription drugs get them from multiple doctors and pharmacies to prevent detection of the problem; a practice sometimes called "doctor shopping." A Prescription Drug Monitoring Program is a tool that most other states have begun using to help doctors and pharmacists see what prescription medications their patient is getting, even if another doctor prescribed it. This alerts doctors and pharmacists filling the prescriptions when a patient may have a problem. Would you support the adoption of a Prescription Drug Monitoring Program in the state of Montana?
- Yes **(Ask 23 c.)**
 - No
- 23 (c) Some people who do not support a Prescription Drug Monitoring Program express concerns about the privacy of personal information. How concerned would you be about privacy of personal information if this program existed? Please answer on a scale of 1 – 5, with 5 being very concerned and 1 being not at all concerned?
- Code 1 – 5
 - Don't know/unsure
 - Refused

Keeping in mind the information that you have heard throughout this interview, on a scale of 1 - 5 with 5 being extremely likely and 1 being not likely at all, how likely would you be to do the following:

24. How likely would you be to talk to your doctor about the dangers of prescription drugs the next time you receive a prescription?

- a. Code 1 – 5
- b. Don't know/unsure
- c. Refused

25. How likely would you be to put your prescription drugs in a safe and secure place where only you or people with your authority could access them?

- a. Code 1 – 5
- b. Don't know/unsure
- c. Refused

26. If you have children, how likely would you be to talk to your children about the dangers of prescription drugs?

- a. Code 1 – 5
- b. Don't have children
- c. Don't know/unsure
- d. Refused

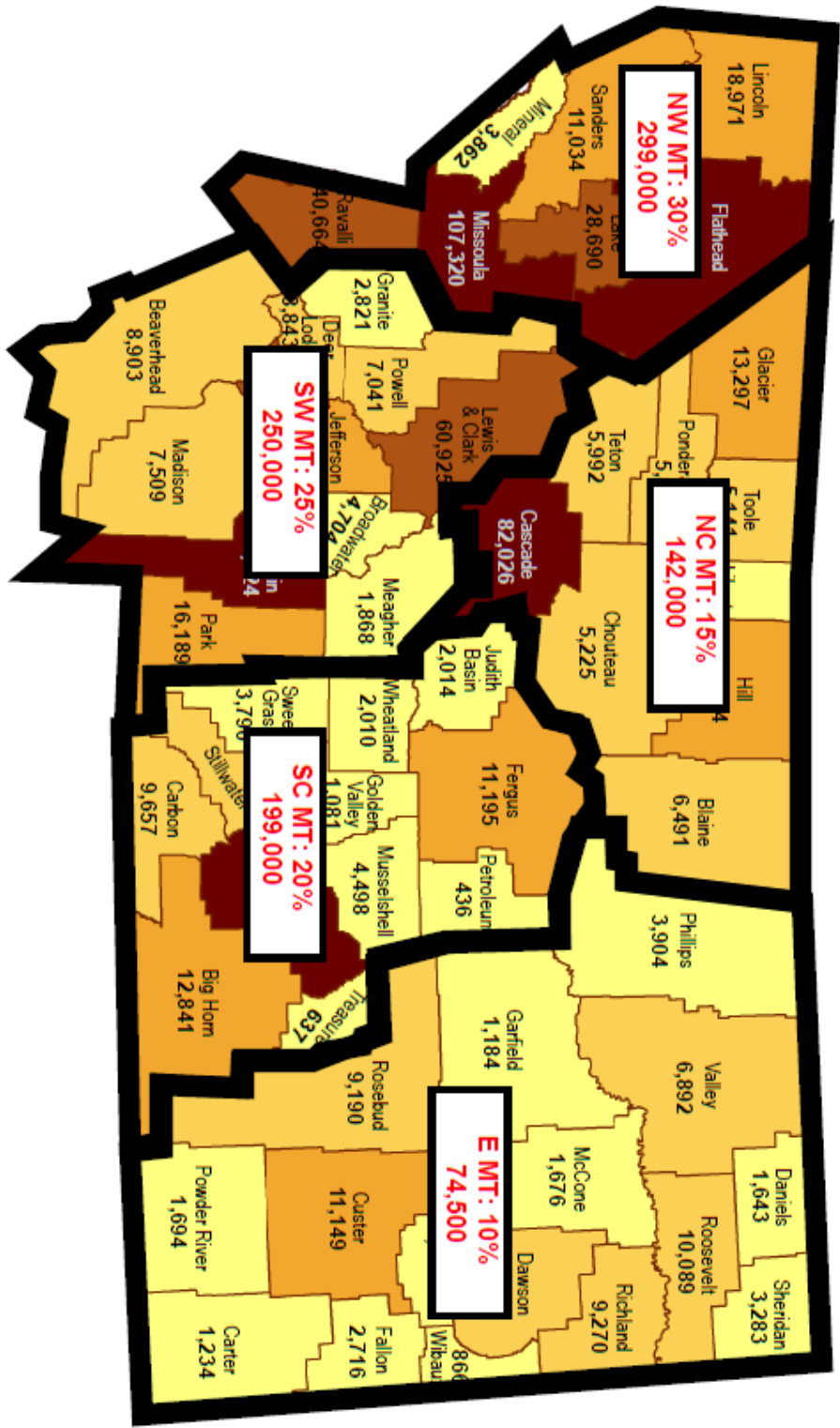
27. How likely would you be to visit a website to learn more information about the dangers of prescription drugs abuse and how to prevent them?

- a. Code 1 – 5
- b. Don't know/unsure
- c. Refused

We have reached the end of this survey. Thank you for your time. Your answers will be very helpful in combating the growing problem of prescription drug abuse in the state of Montana. Have a nice day/evening.

APPENDIX H: MONTANA REGIONAL MAP

Montana County Population Estimates - July 1, 2008



APPENDIXES

APPENDIX I: FOLLOW-UP FOCUS GROUP MODERATOR'S GUIDE

Discussion Guide: Rx Drug Abuse Follow-Up Focus Group

Introduction

- Thank you for coming
- Introduce yourself: name, where from, what you do, age of kids.
- Has anyone participated in a focus group before?
- Focus groups are easy: just tell us what you think.
- Rules. Likely to be some disagreements. That's ok, and to be expected. Let the other person finish and then jump in and express your point of view.
- We will be discussing a serious topic tonight. But the most important rule: Relax and enjoy and tell us what you really think.
- We are audio recording the session. Powerful mics. Please don't tap pens or rustle papers etc.
- Also, video recording. For internal purposes only. You won't see yourself on CNN later tonight.
- There are some people behind the mirror. Let's wave to them. Once in a while they may have a burning question and may bring in a piece of paper.
- Sponsor: We will tell you at end. Don't want to influence your responses.
- Write your name on your booklet.

Our topic tonight: Prescription Drug Abuse.

Awareness

- Are you aware that some people abuse prescription drugs?
- Can you think of anyone who has—perhaps someone in public life?
- What are some of the drugs that people abuse?
- How big a problem is this in Montana—people using prescription drugs that are not prescribed for them? Or that were prescribed but they are using them for nonmedical reasons?
- Does anyone know anyone personally who has had a problem with prescription drugs?
- Who is most likely to abuse prescription drugs? (adults, teens, older adults/ elderly, other).
- Is this as big a problem as alcohol abuse?
- How does it compare to street drugs like cocaine, meth, or heroine?
- On a scale of 1 to 10—10 being the most—how dangerous are prescription drugs if not used as directed by a doctor?
- What are the dangers?

TV Ads (Warm Up for Message Testing)

- TV - Drug Dealer Testimonial
- TV - All My Pills
- TV - WI DOJ

Facts / Message Testing (Read and Shown on Poster Board)

In 2008, there were 227 deaths related to traffic accidents and 321 deaths in which prescription drugs were found in the body.

In 2008, there were 13 deaths related to meth, 14 deaths related to homicide, and 321 deaths in which prescription drugs were found in the body.

Test in comparison to “321 deaths associated with prescription drug abuse.”

- Would these messages be effective in an ad like the ones you just saw?
 - How would you make them more effective?
- What else would you want to tell people about prescription drug abuse in an ad?
 - What would be the most important message to tell people?

If no strong reactions to the above facts, test the following for reaction:

- Montana ranks third in the nation for teen abuse of prescription pain relievers. About 1 in 10 Montana teens abuse these substances.
- When not used as directed by your doctor, prescription drugs can be just as addicting as heroin, meth or cocaine.
- Prescription drug fraud costs public and private insurers an estimated \$72.5 billion each year.

PDMP

- Does anyone know what a prescription drug monitoring program is?
 - Explain PDMP
- Who thinks this would be a good idea?
 - Why?
- Would you support the state legislature passing a law to allow for a PDMP in Montana? How would you vote?
- Would you be concerned about a PDMP infringing upon your personal privacy?
- Does the health and safety of your family or community outweigh your concerns about privacy?

Willingness to take Action

- Talk to your doctor the next time you get a prescription
 - Why/Why not?
- Put drugs in a safe place in your house?
 - Why/Why not?
- If you have kids, talk to them about the dangers of prescription drug abuse?
 - Why/Why not?
 - Do you talk to them about other drugs or alcohol?
 - Could you integrate prescription drugs in to that talk?
- Visit a website to learn more information about the dangers of abusing prescription drugs?
 - Why/Why not?
 - What would you like the website to talk about?

Any features you would like to see?

APPENDIXES

APPENDIX J: FOLLOW-UP IN-DEPTH INTERVIEW GUIDE

DOJ Rx Drug Research: Follow Up IDI Guide

Name, Details:

Awareness

- Are you aware that some people abuse prescription drugs?
- How big of a problem do you think it is?
- Do you know anyone personally who has had problems with prescription drugs?

Message Testing

- I am going to read you a few facts about prescription drug abuse in Montana that we are considering using in an advertising campaign to raise awareness for the problem.

Montana ranks third in the nation for teen abuse of prescription pain relievers. About 1 in 10 Montana teens abuse these substances.

- What do you think about this fact?
- Do you think this fact would be an effective message to make people aware of the dangers of prescription drug abuse?

In 2008, there were 13 deaths related to meth, 14 deaths related to homicide, and 321 deaths associated with prescription drugs abuse.

- What do you think about this fact?
- Do you think this fact would be an effective message to make people aware of the dangers of prescription drug abuse?
- Would it change your opinion if instead of saying "321 deaths associated with prescription drug abuse" I said "321 deaths in which prescription drugs were found in the body"?

PDMP

- Have you ever heard of something called a prescription drug monitoring program? (If no, explain)
- Would you support the state legislature passing a law to allow for a prescription drug monitoring program in Montana? Would you vote for it?
- Would you have any concerns about this law? What about concerns about the program infringing on your personal privacy?
- After thinking about these concerns, do you still think you would vote for the program?